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MEDICAL CASES

AND

OBSERVATIONS.

Andrew Duncan M.D.
Edinburgh Published by Ch. Elliot 11 May 1778.

MEDICAL CASES,

Selected from the Records of the PUBLIC DISPENSARY at Edinburgh;

WITH

REMARKS and OBSERVATIONS;

Being the Substance of CASE-LECTURES, delivered during the years 1776-7,

By ANDREW DUNCAN, M. D.

Fellow of the Royal College of Physicians, Lecturer on the Theory and Practice of Medicine, and one of the Physicians to the Public Dispensary at Edinburgh.

Medicinae faciendae plane necessaria sunt haec duo lumina, Ratio atque Experientia. Utrumque per se indigens, alterum alterius auxilium postulat. SIBBALD.

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M,DCC,LXXVIII.

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TO THE HONOURABLE

HENRY ERSKINE, Esq;

ADVOCATE.

SIR,

MANY different reasons may be supposed to operate with me, when I prefix your name to the present work. A strict and uninterrupted friendship has subsisted between us from the very earliest period of our education to the present hour. And I have ever esteemed it a singular happiness that I am connected by such ties with one whose character is adorned by many of the most shining qualities.

It is not, however, my present intention, either to delineate those engaging manners

manners by which you are rendered amiable as a man, or thoſe conſpicuous talents by which you are rendered eminent as a lawyer. It is ſufficient to ſay, that the high opinion which I have of your abilities, and the many proofs which you have given me of the moſt ſincere regard, might naturally be ſuppoſed to induce me, to take ſome opportunity of expreſſing my gratitude and eſteem, in the moſt public manner.

But I am at preſent actuated by motives of a different nature. You have a particular claim to reſpect at the beginning of this volume, as you have been one of the firſt and warmeſt ſupporters of the charitable eſtabliſhment which has given origin to it.

Should the Public Diſpenſary at Edinburgh never be able to overcome the oppoſition which it had at firſt to encounter,

I truſt that the following pages will yet afford incontrovertible evidence, that it has been productive of happy conſequences; and that, even in its infant ſtate, it has had ſome influence, both in relieving the neceſſities of the indigent, and in adding to the ſtock of uſeful medical facts. At leaſt, if it has not had theſe effects, I alone am culpable. For, beſides the caſes treated by my colleague Dr Webſter, upwards of four hundred patients, under my direction, have already been ſupplied with medicines from the funds of this charity.

From the regiſter of caſes, I have ſelected, for publication, thoſe which are contained in the following work, that other medical practitioners alſo may have an opportunity of profiting by facts which were inſtructive to myſelf. I am indeed fully aware, that thoſe who read this ſelection with the ſole view of finding

fault,

fault, will have no difficulty in diſcovering a foundation for the indulgence of their favourite paſſion. Yet I truſt, that thoſe who peruſe it with the proſpect of receiving information, overlooking unavoidable inaccuracies, will form a more favourable judgment.

I now flatter myſelf with the hopes that this charitable eſtabliſhment will hereafter flouriſh with univerſal approbation. I truſt, that thoſe who could not be convinced by argument, will at length be ſatisfied by facts. And if the Edinburgh Diſpenſary ſhall flouriſh in future ages, let it then be remembered, that the induſtrious labourers of this metropolis, when oppreſſed with the accumulated evils of poverty and ſickneſs, are, in a great meaſure, indebted to You, for the bleſſings which they may derive from this inſtitution.

I cannot, however, conclude this addreſs, without mentioning alſo the names of James Dewar, Eſq; of Vogrie, William Fullerton, Eſq; of. Carſtairs, Mr Thomas Elder merchant, and Mr Robert Scot merchant, who, in conjunction with you, form the firſt Committee of Governors for ſuperintending this charity. For I am convinced, that, in the eyes of every unprejudiced man, it will add ſomewhat to the reſpectable character which they hold as citizens of Edinburgh, that they have given aid to a charitable eſtabliſhment, which has already had ſome good effects, and which may hereafter be productive of the greateſt benefits to the indigent part of the community.

I have the honour to be,

Your ever faithful friend,

Edin. May 1. 1778.

ANDREW DUNCAN.

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EMENDANDA

EMENDANDA.

Page 11. line 7. After James Lind, *add* a boy in the eleventh year of his age.

P. 28. l. 8. After M—— R—— *add* a girl in the seventh year of her age.

P. 107. l. 23. *for* ceraeum *read* cereum.

P. 115. l. 17. *for* capiat drachmam unam ter cujus die, *read*, cujus capiat drachmam unam ter de die.

P. 128. l. 19. *for* of the menorrhagiae, *read*, of menorrhagia.

P. 273. l. 20. *for* among nosological writers, *read*, among some nosological writers.

P. 281. l. 13. *for* compositae, *read*, compositi.

P. 317. l. 19. *for* affected, *read*, effected.

PREFACE.

WHEN I introduce this volume to the public, it is not my intention to ſay any thing reſpecting the motives by which I have been prompted to publiſh it. But it is neceſſary briefly to explain the nature of the work itſelf.

The reader will learn, from the general title, that it conſiſts of two parts; of medical caſes ſelected from the records of the public Diſpenſary at Edinburgh; and, of remarks and obſervations which were delivered in a courſe of lectures, of which theſe caſes were the ſubject.

It was in conſequence of a ſuggeſtion from ſeveral ſtudents of medicine at Edinburgh, and in compliance with their requeſt, that I firſt undertook to deliver lectures, at that place, on the caſes of patients ſubjected to chronical diſeaſes. With this view, I then propoſed to give medicines gratis to a few patients only who might be the ſubject of lectures. But the number of in-

digent individuals, who made daily application to be admitted to the benefits of this charity, ſoon led to the eſtabliſhment of a Public Diſpenſary at Edinburgh. By this means, ſome caſes, ſo peculiar and important in their nature, became the ſubject of theſe lectures, that, I concluded, they might be of no inconſiderable uſe, as affording medical inſtruction beyond the ſphere for which they were originally intended. And, with this view, the preſent ſelection of caſes and obſervations are now ſubmitted to public examination.

The caſes, and ſubſequent reports, are intended as a faithful record of facts. Some readers will, no doubt, conclude, that neither the ſingularity nor importance of theſe facts is ſuch, as to merit great attention. It has often been ſaid, particularly by thoſe who prefer theoretical reaſoning to practical obſervation in medicine, that the publication of ſolitary facts, which lead to no general concluſion, can be of very little conſequence. And, on this account, it may be thought of equally little uſe to publiſh ſingular caſes, as to relate thoſe which muſt daily occur to every practitioner. But he who wiſhes to regulate his practice,

practice, not by what a warm imagination may ſuggeſt, but by what has already happened, will prefer fair analogy to mere ſpeculation. And even the moſt enthuſiaſtic theoriſt muſt allow, that, while facts are the baſis of his opinion, it is by theſe only that his ingenious conjectures can be fully confirmed. Practitioners of every ſect, then, muſt concur in wiſhing, that facts ſhould be accurately recorded, and generally known. And, if caſes have ſometimes been obtruded on the public which hardly deſerve notice, there is certainly much more reaſon for regreting, that many facts, by which the medical art might be materially improved, are every day loſt, from neglect on the part of thoſe to whom they have occurred: Or that, at the utmoſt, they have ſerved only to inſtruct a ſingle individual, and the limited circle of his acquaintance, while, by publication, they would have proved much more extenſively uſeful. When, therefore, I preſent to the public, facts which afforded inſtruction to myſelf, my conduct needs no apology, and the intention, at leaſt, merits approbation.

The facts contained in the following volume, conſiſt principally of minute deſcriptions of the ſymptoms

ſymptoms and progreſs of diſeaſes, and of faithful accounts of the effects of medicine.

It is but fair to mention, that the hiſtories of the caſes, taken at the admiſſion of the patients, were not drawn up by myſelf. For theſe I have been indebted to the aid of three gentlemen, Mr William Browne from Yorkſhire, Mr Samuel Byam Athill from Antigua, and Mr Charles Darwin from Litchfield, who, while they have been ſtudents of medicine at Edinburgh, have, at different periods, officiated as my aſſiſtants at the Diſpenſary. Of the accuracy with which theſe gentlemen have fulfilled this part of their duty, the reader muſt judge for himſelf. I ſhall only ſay, that, if I had not repoſed the moſt thorough confidence in their judgment and attention, I would never have entruſted them with an office, on the proper diſcharge of which, my own reputation very much depended.

In delineating the hiſtory of every caſe, I have, in general, recommended it to them to begin with giving an account of the condition of the patient, independently of his diſeaſe, briefly mentioning the age, ſex, temperament, condition of life,

life, and other circumſtances, which could throw light on the nature of the patient's conſtitution; in the next place, to give a full deſcription of all the ſymptoms with which the patient was affected at the time of drawing up the hiſtory; then to give an account of the progreſs of the diſeaſe; afterwards, to enumerate thoſe remote cauſes which may be ſuppoſed to have had any ſhare, as inducing the affection; and, laſtly, to mention the remedies employed before admiſſion, and the effects reſulting from theſe. This order, though neceſſarily varied by the circumſtances of different caſes, has been pretty generally adhered to.

In the ſubſequent reports, which may be conſidered as a continuation of the hiſtory, and which record the practice which was employed with a view to the cure, the method which I have in general followed has been, firſt, to mention the obvious effects which reſulted from the medicines that were uſed; then to give an account of the changes which had happened, with regard to ſymptoms before exiſting; next, to be taken notice of new occurrences, and of the ſtate of the principal functions; and, laſtly, to conclude with preſcribing ſuch medi-

medicines as the condition of the affection at the time ſeemed to indicate. I am far from alledging, that the plan which has here been followed, in giving a detail of facts, is free from objections. Yet, after frequently conſidering this ſubject, it appears to me to afford a diſtinct and accurate view of thoſe particulars, which it is moſt material to know, reſpecting the appearance of diſeaſes, in their nature ſingular, or the effects of remedies which have not been in frequent uſe.

After this ſhort account of the method which has been proſecuted in relating facts, I ſhall next ſay a few words reſpecting the plan which has been followed in delivering obſervations on theſe facts. It has already been ſaid, that theſe obſervations were firſt delivered as clinical or caſe-lectures; and they are now preſented to the public, nearly in the ſame ſtate in which they were firſt given to thoſe gentlemen who did me the honour of attending my lectures.

I have often delivered it as my opinion, that it is hardly poſſible to conceive any method of teaching the practical part of medicine, which is better calculated for conveying uſeful informa-

tion,

tion, than clinical or caſe-lectures. The benefits reſulting from theſe, indeed, muſt depend much on the judgment and abilities of the teacher. And, in delivering theſe lectures with all the advantages of which they are capable, the utmoſt medical knowledge, conjoined with the longeſt experience, will be found unequal to the taſk, unleſs they be ſupported by unwearied attention, and unleſs the remarks be delivered on a proper plan. Conſcious of my own deficiencies, and of the numberleſs difficulties with which medicine is ſtill perplexed, I am fully aware, that the obſervations here delivered, will not appear equally intereſting to every reader. And, I am far from aſſerting, that the plan which has here been followed, is the beſt that could be deviſed. Taking it for granted, however, that the ultimate aim of every practitioner is to know diſeaſes, and to be able to cure them, theſe objects are the baſis of my remarks. My chief aim, then, in the obſervations here delivered on particular caſes, has been to aſcertain the name and nature of the diſeaſe; to point out thoſe general principles on which I imagined that a cure might moſt reaſonably be expected; and to mention the remedies from which I thought that there was the greateſt

chance

chance of ſucceſs. But, as the reputation of a practitioner is often as much affected by the opinion which he may deliver, reſpecting the event of a diſeaſe, as by the judgment which he exerts in the treatment of it, this alſo has been the ſubject of remark. And attention to the grounds of prognoſis is a particular which merits ſerious conſideration from every one who is engaged in the practice of the healing art. While an unfortunate event, that has not been foreſeen, will greatly injure his reputation, he will often derive more fame from a lucky prediction, than from the moſt judicious plan of cure.

It is indeed to be obſerved, that, on the ſubject of prognoſis, I have delivered my ſentiments, in lectures, with greater freedom than any one ought to do in practice. And, if my conjectures have not always been well founded, it will, I hope, at leaſt ſerve to ſhew, that, even where there are probable grounds for judgment, no certain concluſion ought to be drawn.

But, although obſervations on the name and nature of each diſeaſe, on the prognoſis, and on the

the practice, form the principal part of the observations, yet, it must be allowed, that I have not unfrequently given place to remarks of a different nature. I have sometimes taken an opportunity of drawing, from particular cases, proofs of peculiar doctrines, and of delivering conjectures, which some, perhaps, may consider as in a great measure the work of imagination. I hope, however, that, on such occasions, I have uniformly expressed myself with that diffidence which the intricacy of the subject demands. And, if my opinions respecting the nature of some diseases, and the operation of some remedies, differ from the doctrines most commonly received, it ought to be remembered, that these also are not established on infallible evidence. Even the mere suggestion of opinions, although not strictly founded in truth, may lead to practices which will improve the healing art. And suppositions, which can, at present, be considered in no other light but as vague conjecture, may yet be confirmed by future observation. In as far, therefore, as these do not serve to mislead in practice, they deserve consideration. And I hope, that any farther apology for introducing them will be thought unnecessary.

After this ſhort view of the nature of the preſent work, I leave the reader to form a judgment of it, from a candid conſideration of its contents. By that judgment, my future conduct will, in ſome meaſure, be regulated. And, if the preſent production ſhall ſo far meet with a favourable reception, as may give room for believing, that it is not unacceptable to medical readers, when I have been able to collect ſuch materials, as I think deſerve notice, I may, perhaps, ſubject another volume to public examination.

EDIN. 1ſt OCT.
1777.

MEDI-

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MEDICAL CASES,

WITH

PRACTICAL REMARKS.

CASE I.

Observations on a Case of Epilepsy, cured by the Use of the Cuprum Ammoniacum.

JAMES LIND, admitted November 7. 1776, in his eleventh year of a fair complexion, spare habit, and slender make, is affected with fits, which generally attack him once in the space of a week, but which do not observe any regular period. In these fits, he becomes insensible, is affected with strong convulsive motions of his legs and arms, and foams at the mouth. In this state, he usually continues for near half an hour. He then awakes,

wakes, as if from a ſleep, and complains of ſlight headach; but he has no conſciouſneſs of the manner in which he has been affected. Pulſe 108; belly regular; tongue moiſt; appetite natural.

Theſe fits began about four years ago, and had, from the beginning, nearly the ſame appearance as at preſent. But, at firſt, they were leſs frequent, and leſs ſevere.

He knows no particular cauſe to which they can be aſſigned. But he has lived conſtantly in the ſame houſe with his mother, who has been long affected with ſimilar complaints; and he has all along ſlept in the ſame bed with her.

No medicines have as yet been employed with a view to remove this diſtemper.

Capiat pilulam caeruleam unam omni nocte ad cubitum eundum.

November 16. He had ſome ſickneſs from the firſt doſes of the pills, but they never occaſioned vomiting. He has had but one fit ſince he began the pills; it was, however, rather more ſevere, and of longer duration than his fits have uſually been before.

Obſerva-

Observations on this Case, delivered November 30.

This boy is our patient for a complaint, in many respects similar to that with which his mother is affected, who is also, at present, under our care. We have little hesitation in pronouncing the affection, to which he is subjected, to be epilepsy. Of this, almost sufficient evidence is afforded, from those convulsive motions occurring in paroxysms, with which he is at times affected. It is indeed true, that, in hysteric fits, which, unquestionably, constitute an affection of a very different nature, appearances somewhat similar also occur. And, in some instances, the distinction between the two diseases is very difficult. But, in the case before us, there is, I think, little room for doubt. It gives some presumption of epilepsy that our patient is a male. The male sex, although it sometimes happens, are but rarely subjected to hysteria. Besides this, many of the symptoms commonly attending hysteria, particularly the affections of the alimentary canal, are here absent. Our patient has never been affected with the sense of a ball rising to his throat, the *globus hystericus*, as it has been called, which many reckon a pathognomonic symptom of that

that affection. His fits are attended with foaming at the mouth, which, although it may ſeem to be a circumſtance, but of little importance, yet, very rarely, if ever, occurs in proper hyſteric fits. But we have here a ſymptom affording a ſtill ſtronger diſtinction than any of thoſe already mentioned, in the total abolition of ſenſe, which occurs during his fits. After he has recovered from his fits, he is not conſcious of any thing that has happened to him. On the other hand, in hyſteric fits, although patients be unable to ſpeak, yet, they ſee what paſſes around them, they hear what is ſaid, and can recollect what has happened. From all theſe circumſtances taken together, then, I pronounce this patient to be affected with epilepſy.

It will naturally occur, as a queſtion, to what cauſe the epilepſy, in the preſent inſtance, is to be attributed. The preſumption is, that this patient derives his diſeaſe from his mother. She had long laboured under ſimilar complaints before he was ſubjected to them. But, although this gives a probability that his affection, in ſome meaſure, originated from that of his parent, yet, there is here room for doubt, reſpecting the manner in which this may be ſuppoſed to happen.

pen. It is, on all hands, allowed, that epilepsy is an hereditary affection. And there are many who contend, that it is one of those diseases which may be propagated by infection. It falls, therefore, to be inquired, whether the disease of our patient can be ascribed to any of these causes, or whether there is reason to conclude, that it proceeds from neither.

To the supposition of its depending on a hereditary dispoſition, in the present instance, there are many objections. We are assured, that, except his mother, no one else of his relations has ever been affected with such a complaint. And, with his mother, the disease is said to have arisen from violent agitation of mind, occasioned by the sudden death of her husband, an event which did not happen till several years after the birth of this son.

That epilepsy is a disease really of an infectious nature, capable of being communicated by contact, is an opinion, in support of which I know no probable argument. But it is well known, that, with very delicate habits, diseases which cannot be said to be infectious, are yet catching, from the principle of imitation. Of this we have a remarkable instance

in

in hyſteria. When ſeveral patients, ſubjected to this affection, are lodged in the ſame ward of an hoſpital, it is to be obſerved, that the fit of one brings on that of another. And what, in this reſpect, holds of hyſteria, may be readily ſuppoſed to hold with epilepſy, where the appearance of the fits is much more terrible.

I would then conſider the diſeaſe of this patient, not as the conſequence of infection from ſleeping with his mother, but as proceeding from his having frequently had occaſion to ſee her ſubjected to fits. And this is not the firſt inſtance I have met with, where I have reckoned it probable, that, with delicate habits, epilepſy was to be aſcribed to the ſame cauſe. Not many months ago, my practice in the Royal Infirmary furniſhed me with a caſe, which I conſidered to be a ſtriking inſtance of this.

The prognoſis which I am diſpoſed to give, in the preſent caſe, is leſs unfavourable than in moſt inſtances of epilepſy. I muſt own, indeed, that I entertain no very ſanguine hopes of recovery. For epilepſy, even in its ſlighteſt form, is always a ſtubborn affection. At the ſame time, I ſee no reaſon to dread any immediate danger in the preſent inſtance. It is indeed true, we can never be

be certain, that a patient ſubjected to epilepſy may not be cut off even by the next fit. Yet, upon the whole, it is one of thoſe diſeaſes which is more terrible than really dangerous. And, it will even continue with greater violence, than in the preſent inſtance, during the whole courſe of a very long life. We may farther remark, that, while it is a diſeaſe which, on ſome occaſions at leaſt, has admitted of cure, there is, perhaps, as good a chance of ſucceſs in the preſent inſtance, as in moſt others. There is no circumſtance which would lead us to believe, that his diſeaſe ariſes from any fixed or irremovable cauſe. And, as our patient is yet at an early period of life, his ſyſtem muſt neceſſarily be ſubjected to ſeveral changes. From theſe, even without the aid of remedies, we may expect ſome effect, as tending to diminiſh the mobility of the ſyſtem. And, I am not without hope, that, by proper treatment, his diſeaſe may be alleviated, if not removed.

The removal of the complaint of this patient is, I apprehend, chiefly to be expected from one of two circumſtances; either by the removal of the exciting cauſe, or by inducing ſuch a change

in the ſtate of the nervous power, that the exciting cauſe will ceaſe to have its former effect.

On the laſt of theſe footings, I have begun an attempt to cure with the preſent patient. And I have preſcribed for him one of the moſt powerful tonics with which I am acquainted: I mean the cuprum ammoniacum. This remedy has, of late, been much uſed in epilepſy. And many are inclined to think, that it has been employed, in different inſtances, with much ſucceſs. I wiſh, therefore, in the preſent, which I conſider to be a favourable inſtance of epilepſy, to give it a full and fair trial; and, that we may be more certain of its effects, not to conjoin it with any other medicine. Like other preparations of copper, however, it is a ſubſtance of great activity. It requires, therefore, to be managed with much caution; and it is neceſſary that we ſhould begin with a ſmall doſe: Yet, to obtain its full effect, the doſe muſt be gradually increaſed to as great an extent as the patient is able to bear.

Should this remedy, after ſuch a trial, fail in producing the effect which we expect from it, I mean to conjoin it with a medicine, which, I imagine, is in ſome meaſure of the ſame nature, that is, the flowers, or more properly, the calx of

of zinc. I am led to ſuggeſt this trial on the authority of Doctor Odier of Geneva. He thinks, that he has found good effects from ſuch a conjunction, where each of the remedies, taken by itſelf, had failed. And, what may be conſidered as ſomewhat ſingular, he found, that it did not require a diminution of the doſe of either. According to his obſervations, a patient will bear, without ſickneſs, as much of both taken together, as of each ſeparately. Should both theſe remedies fail, I would not yet deſpair of a cure in this caſe. Even the ſame remedies, at a later period of life, may have the effect of removing this complaint. And, ſhould they at preſent fail after a fair trial, we may have recourſe to Peruvian bark and cold bathing. If all theſe give no alleviation, I muſt own I ſhall loſe hopes of being, at preſent, of ſervice to this patient. Yet, I would not ſay that he may not afterwards be recovered. But, of the termination of this caſe, we ſhall perhaps be able to ſpeak with more confidence when we have made ſome of the trials propoſed.

Subſequent Reports.

November 30. He has had no ſickneſs from the continuance of the pills. His fits are now

leſs

leſs frequent, and do not take place on the ſame accidents which formerly induced them. *Capiat pilulas caeruleas duas omni veſpere, et pilulam unam omni mane.*

December 14. He has had no fit ſince the laſt report, although he has taken none of the pills for ſome days. In other reſpects, he enjoys good health. And, it is obſerved, that he is not now affected with ſtartings during his ſleep, which were before frequent with him. *Continuentur pilulae caeruleae; ſed capiat ſolummodo unam omni nocte ad cubitum eundum.*

December 21. He has taken a pill regularly every night, and ſtill continues free from any return of fits. *Continuentur pilulae ut antea.*

December 28. He continues free from even the leaſt appearance of his former fits. But he was affected with vomiting after his laſt pill; and, ſince that, he has complained of the want of appetite. *Intermittantur pilulae caeruleae; et capiat pulveris corticis Peruviani ſcrupulum unum, omni veſpere et mane.*

January 4. He ſtill continues free from any return of the fits, and he has had no ſickneſs ſince he omitted the *pilulae caeruleae*. Let him be diſmiſſed.

Obſer-

Obſervations, delivered January 11.

I formerly pronounced the caſe of this patient to be epilepſy, and I conſidered it to be the conſequence of the diſeaſe of his mother, in the ſame manner as other nervous affections are communicated, by the principle of imitation. Since the treatment of this caſe was begun, I have found no reaſon to alter my opinion with reſpect to it. I muſt, however, obſerve, that the termination which has taken place, has been more favourable than I expected. I know no remedy on which we can rely with any great degree of confidence for the removal of this affection. In every caſe, therefore, the event muſt be very uncertain.

I obſerved, however, that, from the opinion I had formed, reſpecting the cauſe giving riſe to this patient's epilepſy, I looked upon it to be a caſe, in which there was a better chance of cure than in moſt others. And, I was led to entertain hopes, principally from the ſuppoſition, that this complaint was not ſupported by any local affection. Theſe hopes have now been more than fulfilled. For this patient has obtained, if not a perfect cure, at leaſt a ſuſpenſion of his diſ-

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caſe much ſooner than I expected. He has not only been freed from his fits at the uſual periods, but even when he has been ſubjected to thoſe exciting cauſes which formerly induced them, he has ſuffered no diſturbance. And, that a material change has taken place in his conſtitution, is demonſtrated, by his being free from ſtartings during his ſleep. This, I think, affords inconteſtible evidence of a diminution of irritability.

In this ſituation, I reckoned it unneceſſary that he ſhould any longer continue his attendance here. I would not, however, from this, be underſtood to pronounce that he is perfectly cured. And I would not be ſurpriſed at hearing that he has again returns of his fits, eſpecially as he ſtill continues to be expoſed to the ſame occaſional cauſe which at firſt induced theſe fits. Yet, I cannot help thinking, that there is ſome grounds for hoping that this may not be the caſe; particularly, if his mother follow the advice I have given her, of getting him placed at ſome diſtance from her.

In the treatment of this caſe, I remarked, that we might proceed on two different footings. In ſuch inſtances, a cure may be aimed at, either by attempting the removal of the exciting cauſe,

or,

or, by endeavouring to induce such a change in the state of the nervous energy, that, although exciting causes still continued to act, they should cease to be productive of the former effect. It is on the last of these principles that I apprehend relief is most frequently afforded in epilepsy. It would seem, from many phaenomena, that a certain degree of mobility in the nervous energy, and irritability in the moving fibres, are necessary conditions for the occurrence of epileptic fits, even in those cases where the disease may be said to depend on a local affection. And hence it is, that relief has sometimes been obtained from different tonic medicines, where epilepsy has even been produced by an exostosis within the skull. It was on this general principle, then, that I proposed to attempt a cure in the present case; and, through the whole treatment, I found no reason to alter my plan.

I began the treatment of this case with putting our patient on the use of the *pilulae caeruleae*, a new formula of the Edinburgh Pharmacopoeia. I need not observe, that the only active part of these pills is a preparation of copper. And here, perhaps, that metal is in the mildest saline state to which it can be reduced.

The

The introduction of the uſe of copper for medical purpoſes, ſeems to have been of very antient date. For the beſt hiſtory that I know of it, I may refer you to an inaugural diſſertation, *De Cupro*, publiſhed at the Univerſity of Edinburgh, about twenty years ago, by Doctor Ruſſel. In its pure metallic ſtate, it is capable of exerting no action on the human body, unleſs in a mechanical way. But, it would appear, that ſeveral preparations of it, as the ſquamae, verdegris, and the like, were employed externally as medical applications, as early as the days of Hippocrates; but, when taken internally, it was long conſidered as a poiſon. And, indeed, ſuch are its ſtimulant effects, that the greateſt part of the preparations cannot be employed, even in ſmall doſes. This is particularly the caſe with reſpect to verdegris. In all its ſaline ſtates, however, it has not an equally violent action as a ſtimulus. And, from its aſtringent power externally, it was concluded, that it might have the ſame effect on the ſyſtem from internal uſe.

It is now determined by experience, that, of all the preparations of copper, thoſe with the neutral ſalts, particularly with the ammoniacal ſalts, are the leaſt virulent. And, it is not improbable,

probable, that the remedy introduced by Mr Boyle, under the title of *Ens Veneris*, was of this kind. On this remedy he beſtows very high encomiums, in all diſeaſes attended with univerſal laxity. Since the days of Mr Boyle, the cuprum ammoniacum has been recommended to the attention of practitioners by ſeveral German writers. And papers on this ſubject are to be met with in the memoirs of the Royal Academy of Berlin, and in the Ephemerides Germanicae. Since the publication of theſe papers, it has not unfrequently been employed in epilepſy. And, it has been alledged, that the uſe of it has often been attended with conſiderable advantage. It is not, indeed, to be imagined, that we ſhall ever obtain a remedy which will prove effectual in every caſe of epilepſy. It is, however, of great conſequence to poſſeſs one which will ſucceed in ſome inſtances.

I have uſed this remedy in ſeveral caſes beſide the preſent. In ſome of them I could not ſay that it was of any benefit; in others, it had, I think, manifeſtly good effects. But I muſt, at the ſame time, add, that no caſe has come under my care, in which it was productive of ſo remarkable benefit as in the preſent. I do not,

however, mean to repreſent this as the ſtrongeſt inſtance of the ſucceſs that has been had from it. A caſe, in its circumſtances much more obſtinate, is recorded by Doctor Ruſſel in the diſſertation I have already mentioned. There, indeed, the remedy was long continued, and to a very conſiderable extent. It was given, even to the quantity of nine grains, three times a day; and not only without bad effects, but even with the beſt conſequences.

I hold the cuprum ammoniacum, however, from its ſtimulant effects, to be one of thoſe medicines which requires always to be begun in ſmall doſes. I ordered for our preſent patient, then, at the commencement, one pill only. And each of the *pilulae caeruleae* contains but half a grain of the cuprum. This doſe was repeated morning and evening. At firſt, it occaſioned a ſlight degree of ſickneſs; but, as this ſickneſs was neither attended with vomiting nor looſeneſs, I ſoon ventured to double the doſe in the evening. For, it may be obſerved, that medicines of this nature have leſs effect in producing ſickneſs, when they are given in the evening, than when they are taken with an empty ſtomach. While he continued the medicine to this extent, the frequency

quency of his fits gradually diminiſhed, and in no long time they entirely left him. In place, therefore, of farther increaſing the doſe, I thought it neceſſary to diminiſh it. And even when this was done, there was ſtill ſome ſuſpicion of its exciting vomiting. From this ſuſpicion, I was induced intirely to omit the uſe of it. But, that I might not ſuddenly give up a powerful tonic, I ordered, as a ſubſtitute, the Peruvian bark; and, after continuing this for ſome time, as he had not any threatning of fits, I reckoned it unneceſſary to keep him any longer on our liſt. I have accordingly diſmiſſed him; and I ſhall have much ſatisfaction if I learn that he continues free from any return of his affection.

Sequel.

This patient left his mother's houſe ſoon after he was diſmiſſed from attendance at the Diſpenſary, and continued for ſeveral months without the leaſt threatning of his former affection. But, about the middle of June, he again returned to reſide with his mother, not many weeks after which he had a fit. But he has had no return, although two months are ſince elapſed, and although

though his mother's fits, with whom he ſtill ſtays, are as frequent as ever.

CASE II.

Obſervations on an Enlargement of the Abdomen, of a doubtful nature, which terminated ſucceſſfully.

in the 9th year of her age

M—— R——, admitted November 8. 1776, has a very conſiderable ſwelling of the abdomen, which is very tenſe. She alſo complains of great thirſt, and her appetite is much impaired. There is no obvious ſwelling on any other part of her body. During the night, ſhe is very reſtleſs, and ſleeps ill, frequently complaining of pain in her belly; and ſhe is alſo ſometimes obſerved to pick her noſe. Her reſpiration is rather more laborious than natural. Her urine is ſcanty, tongue clean, ſkin moiſt, belly regular.

The ſwelling of her abdomen firſt appeared about five years ago, and it has gradually increaſed ever ſince. About four years after it firſt began, ſhe was attacked with a fever, during which ſhe

ſhe paſſed four round worms; and ſhe alſo diſcharged one about two months ago. She has complained of thirſt ever ſince ſhe was weaned.

She knows no cauſe to which theſe complaints can be aſſigned. She has uſed ſome medicines, but does not know what they were, and obtained no relief from them.

℞. *Pulveris cremoris tartari ſemi drachmam*
Pulveris corticis cinnamomi grana decem M.
Capiat doſin hujuſmodi quarta quaque hora.

November 16. The powders, which have been taken regularly, have produced no looſeneſs; but the quantity of her urine is ſomewhat increaſed. The ſwelling of her belly is nothing diminiſhed, and her thirſt is nothing abated; but her appetite is ſomewhat mended. Belly regular; pulſe 120.

Continuetur pulvis cremoris tartari ut antea; et

℞. *Calomelanos grana tria*
Pulveris radicis ſcillae exſiccatae ſcrupulum unum
Saponis Hiſpani drachmam unam
Syrupi ſimplicis quantum ſufficit ut fiat maſſa, dividenda in pilulas granorum quinque.
Capiat pilulam unam omni nocte ſub horam ſomni.

November 23. The pills have neither occaſioned vomiting, nor any manifeſt ſickneſs; but ſhe has

has had, every day for ſome time paſt, frequent looſe ſtools, attended with ſevere gripes, which ſhe aſcribes to the powders. The quantity of her urine is not increaſed ſince laſt report. Her appetite is worſe, and the ſwelling of her belly is nothing diminiſhed. Pulſe 100; thirſt rather more moderate. *Capiat doſin pulveris cremoris tartari omni mane, et pilulam ſcilliticam omni nocte.*

November 30. Her looſe ſtools have been leſs frequent ſince the laſt report; and ſhe has, in general, diſcharged near five pounds of urine during the ſpace of twenty-four hours. The ſwelling of her belly is ſomewhat diminiſhed every morning, but it again increaſes towards night. It was this morning leſs than it has been for ſome years before. Her thirſt is more moderate, her appetite mended. Pulſe 96. *Continuentur medicamenta ut antea.*

Obſervations delivered December 7.

The diſeaſe of this patient, in my opinion, is not altogether without ambiguity. There are, indeed, many ſymptoms here, which are conſidered as the characterizing marks of a dropſical affection. And, from the ſwelling of the abdomen, the difficulty of breathing, the thirſt,

and

and ſcarcity of urine, we might conclude, that ſhe is ſubjected to aſcites. I am inclined to think, that this is really the caſe. But here a very eſſential circumſtance is wanting. With this ſwelling of the belly, there is no evident fluctuation, a circumſtance which is almoſt conſtantly obſerved where an enlargement of the abdomen depends upon water; or even where any other liquid, ſuch, for example, as blood, pus, or the like, is depoſited in the cavity of the abdomen. The want of fluctuation, then, would naturally lead us to inquire, how far there is reaſon to ſuſpect, that the ſwelling here depends on any other cauſe. And, there is the rather room for ſuch an inquiry, as there is no appearance of effuſed water in any other part of the ſyſtem. Pure aſcites, indeed, may, and frequently does exiſt; yet, for the moſt part, it is conjoined with other dropſical affections.

There are two other ſuppoſitions reſpecting the cauſe of this ſwelling, which here naturally preſent themſelves. It ſometimes happens, that ſwellings, in appearance, ſimilar to the preſent, depend upon a ſolid matter. But, to this ſuppoſition, there are here two unſurmountable objections. The firſt may be drawn from the progreſs of the diſeaſe.

diſeaſe. Where the enlargement of the abdomen depends upon a ſolid matter, it very generally begins at a particular ſpot, and from thence it is gradually extended to other parts of the abdomen. But, in the preſent caſe, although the increaſe has been gradual, yet, it has been uniformly extended over the whole, and no particular local hardneſs has ever been diſcovered. Beſides this, ſwellings depending on a ſolid matter, are not liable to ſudden changes. With our patient, however, ſuch changes manifeſtly occur. Hence, for the ſuppoſition of the ſwelling depending on ſolid, there is little foundation.

Another ſuppoſition is, that the ſwelling here occurring may depend upon air; that is, that our patient may be ſubjected to tympanites. But, of this affection alſo, ſome of the chief ſymptoms are wanting. No ſound is obſerved to be emitted on percuſſion of the abdomen, nor is any relief afforded on the diſcharge of wind. Upon the whole, then, I reckon it at leaſt the moſt probable ſuppoſition, that it does depend on water. The want of fluctuation may ariſe from different circumſtances. It may depend upon the ſtate of the integuments; it may ariſe from the condition of the viſcera; or it may proceed from the

the water being contained in hydatides. And, I conſider the thirſt and ſcarcity of urine, as giving ſtrong preſumption of a dropſical affection; yet I ſhall not be ſurpriſed to find, that it turns out of a complicated nature, neither entirely depending on water nor air, but partly on both.

With this uncertainty, I am not here diſpoſed to give a very favourable prognoſtic. The youth of this patient is indeed ſomewhat in her favour; and, it is ſtill more ſo, that ſhe has received, at leaſt, temporary relief, from the quantity of her urine being increaſed. But, theſe circumſtances excepted, moſt others are againſt our patient. While we have much uncertainty reſpecting the nature of the diſeaſe, we have at leaſt ſome reaſon to dread a local affection; and, from the pain of the belly of which ſhe complains, we can prognoſticate nothing favourable. From the continuance of her diſeaſe, alſo, we may conclude it to be of a ſtubborn nature. For, although ſhe be but eight years old, her affection has been obſerved for no leſs than five of theſe. And there are even ſome indications of its being of a much earlier date. For we may conſider, as a ſymptom of it, the thirſt with which ſhe has been affected from the time that ſhe was on the breaſt.

To all theſe circumſtances, it is farther to be added, that her complaints have already reſiſted the power of ſeveral medicines. If, therefore, it admits of a ſpeedy and fortunate termination, it is, I own, much more than I expect.

It may ſeem ſtrange, that hitherto I have taken no notice of a circumſtance particularly mentioned in this caſe, that is, the worms which ſhe has, at different times, been obſerved to diſcharge by ſtool. There are ſome practitioners, who, with ſuch circumſtances as occur here, would look upon worms in the inteſtinal canal to be the cauſe of the greateſt part, if not of all the ſymptoms. I muſt, however, own, that I do not ſuſpect them to have any connection with the preſent complaint. Worms, indeed, in the inteſtines, are by no means a rare occurrence; yet, as far as my inquiries go, I think I may venture to aſſert, that, in this country, they are leſs frequent than in ſome others; and that now, they are leſs frequent here than they were formerly, which I am inclined to aſcribe to changes which have taken place with reſpect to diet. Caſes are often to be met with, in which they are unqueſtionably productive of the moſt threatning and moſt anomalous ſymptoms; yet there can be no doubt, that

that they are frequently present in the alimentary canal when they are productive of no inconvenience. This sufficiently appears from their being observed to be discharged where there has been no preceeding uneasiness.

In the case before us, they appeared chiefly during the course of a fever. It is to be observed, that, during febrile affections, worms frequently appear; and, when this is the case, there are many who are disposed to consider them as the cause of the fever. This conclusion, however, is, I imagine, often drawn without good reason; and I cannot help thinking, that they are frequently discharged merely in consequence of the fever. It would seem, that, from the morbid affection which exists, probably from the increased heat of the body, their situation becomes disagreeable to them. And I reckon it probable, that this may have been the case in the instance before us. Our patient has, even of late, indeed, discharged one, which gives a presumption that there may be still others present. And the action of these on the alimentary canal, may either be the cause of some symptoms, or may aggravate them; yet, admitting that, I must own, I do not consider them as forming any dangerous

gerous part of the affection; and I do not think that our attempts to cure are to be directed with a view to these.

Respecting the general plan of cure, from what has been said, it may be concluded, that I am much at a loss. I have, however, begun the treatment of this case, on what I reckon the most probable supposition; that is, the idea of its being a dropsical affection. Supposing that there is a collection of water in the cavity of the abdomen, it is my intention to attempt to discharge it by natural outlets. Of these, the chief are evacuation by stool and urine. From the first of these, we can obtain the most immediate and most sudden discharge; from the last, the evacuation which takes place has the least influence, as debilitating the patient; and, on this account, diuretics can be used with more regularity, and for a greater length of time, than purgatives. To these, therefore, I am chiefly disposed to trust in the present case; yet I wish, in some degree, to conjoin the advantages both from diuretics and purgatives. It is from these considerations that I have put this patient on the use of two different remedies, cream of tartar and squills. While the first operates, most immediately, as a purga-

tive,

tive, it is, at the same time, powerfully diuretic. The last is intended solely with the view of increasing the quantity of urine. If, from these medicines, we can obtain a copious discharge of urine, with a diminution of the swellings, and, at the same time, without debility, it may go far towards the recovery of the patient. At the same time, in dropsical affections, I consider the evacuation of the water as the least important part of the cure. And, in almost every case, it is a more difficult matter to prevent the return of effusion, than to produce evacuation. It may, therefore, be necessary, in order to secure the good effects which may be derived from these evacuants, to have recourse to Peruvian bark, and other tonics. At the same time, I would by no means be understood to promise that we shall ever come this length in the cure; and, we may even be soon satisfied, that the present plan is not to be persisted in. The evacuation may be greater than our patient is able to bear, or it may take place without a diminution of the swellings. In either case, it would be prejudicial. Supposing this to happen, I must own, that I cannot, at present, even conjecture what measures I may then be disposed to adopt. I shall probably, however, try some of those medicines which more

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immediately tend to increaſe the tone of the alimentary canal; particularly thoſe which paſs under the general titles of ſtomachic and carminative medicines. It is, in ſome meaſure, with an intention of this kind, that I mean to conjoin, with the preſent courſe, friction of the abdomen. And, merely as an inducement to its being continued for a ſufficient length of time, I ſhall order it to be performed, either with oil, or with ſome ſoft powder, but without expecting from theſe any other effect than as leading to the continuance of the friction.

Sequel.

Soon after the 7th of December, beſides the continuance of the cream of tartar and ſquills, directions were given, that this patient ſhould have her belly carefully rubbed every evening for the ſpace of half an hour. And, as the repeated evacuations by ſtool ſeemed to induce debility, the purgatives were ordered to be intermitted. But, not long after this, on expoſure to accidental cold, the ſwelling of her abdomen was very conſiderably increaſed; and as, at this time, her belly was rather bound, the ſquill pills were omitted,

mitted, and the cream of tartar repeated in the form of electuary, conjoined with a ſmall proportion of gamboge. This purged her briſkly, and had ſoon the effect of diminiſhing, ſomewhat, the ſwelling; but, even after ſhe had continued it for a conſiderable length of time, the ſwelling was by no means entirely removed. Upon this, ſhe was put on the uſe of a mixture, the baſis of which was the *tinctura amara*. After the uſe of this mixture, there took place a conſiderable diſcharge of wind, in the way of flatus, and the ſwelling fell a little. It did not, however, entirely diſappear. But, as ſhe continued, in other reſpects, in good health, and was no longer affected with the thirſt, want of appetite, pain of her belly, ſcarcity of urine, or other ſymptoms which were moſt diſtreſſing at the time of admiſſion, ſhe was diſmiſſed about the middle of March.

CASE

CASE III.

Obſervations on a Cutaneous Affection, treated by the external Application of Corroſive Sublimate, terminating ſucceſsfully.

G—— B——, aged eight years, admitted the eight of November, has over his whole face a red ſcaly eruption, of which there is alſo a little on the abdomen. This eruption is never painful nor itchy, unleſs when he ſtands before the fire, or is heated by any other means. At preſent it is dry; but the eruption on his face often diſcharges matter. Pulſe and belly natural; and, in other reſpects, he is free from complaint.

This eruption is of nine months ſtanding; and no cauſe is aſſigned for it, except that of ſleeping in the bed with a perſon, about two years before, who was afflicted with ſimilar eruptions.

He has uſed a bliſter, and ſome other medicines, but his parents do not know what they were. From theſe, however, he has obtained no relief.

Capiat

Capiat antimonii praeparati ſcrupulum unum veſpere et mane.

November 16. The powders ſit eaſily on his ſtomach, and the eruption on his face continues much as before, without any freſh diſcharge of matter. *Repetatur doſis antimonii ter indies; et*

℞. *Mercurii corroſivi ſublimati grana duo.*
Solve in aquae unciis quatuor; dein adde ſpiritus lavendulae compoſiti unciam unam.
M. f. ſolutio qua accurate laventur partes affectae omni nocte.

November 23. He continues the powders without any inconvenience, and without any ſenſible effect. The eruption on his face is very conſiderably diminiſhed ſince he began to waſh it with the ſolution; but, from ſome particular ſpots, there is now a ſlight diſcharge of matter. Pulſe and belly natural. *Continuentur medicamenta, et capiat cras mane ſalis Glauberi drachmas ſex, ex aquae ferventis unciis octo.*

November 30. The ſalts operated well, and the eruption on his face is now conſiderably mended. At preſent, it diſcharges very little. *Repetatur doſis ſalis Glauberi, ut antea, cras mane; et continuentur alia medicamenta.*

Obſervations delivered December 7.

This patient is ſubjected to a diſeaſe, which is by no means a rare occurrence in practice; and, it is farther a complaint, almoſt all the ſymptoms of which are obvious to the ſenſes; yet, in my opinion, there is a conſiderable difficulty in affixing a proper name to it. And, indeed, this is an obſervation which applies to cutaneous affections in general. For, to this tribe of diſeaſes, the caſe of our preſent patient is manifeſtly to be referred. I cannot help thinking, that cutaneous diſeaſes are not hitherto diſtinguiſhed with ſufficient accuracy, either by noſological or practical writers. Some, indeed, have multiplied the ſpecies to a very great extent. But, from their deſcription, it is often impoſſible to ſay to which any particular inſtance can be referred.

It would, I apprehend, be of great conſequence in practice, could diſtinct genera of theſe be formed, eſpecially if they could be diſtinguiſhed according to the cauſes from which they proceed. And probably, on this footing, all of them might be referred to one of four heads. A morbid condition of the general maſs of fluids; a morbid affection of the cutaneous veſſels; a depraved ſecretion

cretion by the ſebaceous glands of the ſkin; or a morbid affection of the bulbs of the hair. Theſe I take to be the general cauſes of the greater part of cutaneous affections; and, according as the diſeaſe proceeds from one or other of theſe, the cure is, in many reſpects, varied. If, therefore, proper marks could be diſcovered for diſtinguiſhing theſe from each other, I ſhould conſider it as a matter of conſequence. But ſuch marks, I apprehend, have not hitherto been pointed out; and we can only form uncertain conjectures from the appearance, and other circumſtances.

All ſuch affections as the preſent, are, in this part of Britain, at leaſt, vulgarly known by the name of the Scurvy; but this term, as employed by medical writers of ſcience, is uſed to expreſs an affection of a very different nature. And, among all the chronical cutaneous affections, if we exclude the itch and tinea, I know but two genera diſtinctly marked. Theſe are lepra and herpes. To one or other of theſe genera, I muſt own, that, in common language, I am diſpoſed to refer all of them. At the ſame time, there is, in ſome inſtances, ſuch a manifeſt difference, that I am ſatisfied the genera ſhould be more numerous, provided they could be properly diſtinguiſhed.

The

The limits, however, between the two genera, which we have already mentioned, are often ſo nice, that it is frequently very difficult to ſay to which genus a particular caſe ought to be referred. Upon the whole, however, I rank under the head of herpes, thoſe inſtances where there is the greateſt inflammation, the moſt watery diſcharge, and the leaſt ſcaly appearance. And, I refer to the head of lepra, thoſe inſtances in which there is little or no obvious inflammation, little riſing above the ſkin, but where the parts affected are covered with a white ſcaly matter. In this view, then, I am led to conſider the preſent inſtance as an example of herpes. And, I look upon it to proceed more from the ſtate of the cutaneous veſſels at the part, than from any other cauſe. How far this diſeaſe, as the patient's parents ſuſpect, may have derived its origin from his having ſlept in the bed with one affected with a ſimilar complaint, I cannot pretend to ſay; I muſt, however, own, that I am rather inclined to ſuſpect the contrary, although I am by no means ſo clear in this ſentiment, as to draw any poſitive concluſion. The diſtance of time at which it occurred, from that when he ſlept with the affected perſon, is indeed a ſtrong objection to it.

Yet,

Yet, were there even much more certain evidence of its not being infectious, very intimate connection, in all such cases, is unquestionably to be avoided.

But, whether we suppose the disease of the present patient to have arisen from this, or from any other cause, such suppositions will have little effect, either on the prognosis, or plan of cure. For our judgment respecting these, must now be entirely rested on the present state of the patient's disease. And here I must own, that, in giving a judgment respecting the probable termination of this affection, I cannot be very positive. I am, however, disposed to hope, that we may be able to cure this affection, and that our patient may yet recover perfect health. It is considerably in his favour, that his disease, comparatively speaking, is not of long duration; that it has, on different occasions, had the appearance of yielding somewhat to medicines which have been used; that there is no reason to suspect its being a hereditary affection; and, that this patient is yet at an early period of life. From all these particulars, there is greater reason to hope for success, than there would be in contrary circumstances. But, should we even be disappointed in effecting a cure,

I do not apprehend much danger from this complaint; and, I am disposed to think, that, from continuance, it would rather be troublesome than fatal.

With respect to the cure, it is here to be remarked, that attempts to this purpose are not altogether without danger. It is well known, that the greatest evils have sometimes been attributed to the repulsion, as it has been called, of eruptions. And when, by these, the system has long been accustomed to an habitual discharge, or a particular mode of circulation, it is easy to see why this should be the case. It necessarily becomes an object in the cure, therefore, that, while we endeavour to remove this affection, we do not induce one more dangerous. And especially, as such a consequence is chiefly, I apprehend, to be dreaded, from the most effectual mode of cure. It is from this consideration, that I have put our patient, not merely on the use of one medicine, but of several.

I consider the present disease to be chiefly produced by the state of the vessels at the part; and, for the removal of it, I place the principal confidence in the mercurial lotion. This, I expect, will operate, in consequence of the peculiar stimulating

mulating power which it exerts on the veſſels to which it is applied. But if, by this means, there ſhould be a ſudden reſtoration to a ſound ſtate, it is neceſſarily followed by a conſiderable change in the balance of circulation; and, at the ſame time, with the retention of matter which before uſed to be diſcharged. Hence there are inſtances where it has given riſe to apoplexy, dropſy, or other dangerous affections. To avoid any hazard of theſe, while an attempt is made to cure the eruption by external means, I wiſh to increaſe the diſcharge by other outlets. It is with this view that I have put him on the uſe of crude antimony, a medicine which I have often employed, and I think, with ſucceſs, againſt cutaneous affections; probably operating, from giving a permanent increaſe of diſcharge by the ſurface. It is, farther, with the intention of producing a diſcharge from the ſyſtem, that I have repeatedly exhibited refrigerant purgatives. From theſe we obtain, although a leſs permanent, yet a more certain, and more immediate diſcharge. And, by theſe means, I hope to avoid any dangerous conſequences which might otherwiſe reſult from the external application of the mercury.

By

By continuing this courſe for a proper length of time, I am hopeful, that this patient may be perfectly recovered. And, perhaps, in the treatment of the caſe, nothing farther will be requiſite, than to increaſe the ſtrength of the ſolution, or otherwiſe regulate the medicine, according to circumſtances. If, however, it ſhall be found ineffectual, we may try, both externally and internally, medicines of different kinds. And, if the diſeaſe proves obſtinate, I have thoughts of putting this patient on the uſe of the vitriolic acid, a medicine, which, of late, has been particularly recommended for the cure of the itch. And, I am told, that the efficacy of it has been fully confirmed, both in caſes of the ſcabies ſicca and humida, by that able phyſician, Doctor Baldinger of Gottingen. I have myſelf tried it in ſome inſtances of herpetic eruptions, and I think with ſucceſs. And if, after the failure of the preſent plan, it ſhall ſucceed in the inſtance before us, I ſhall, I own, have a higher opinion of it than ever. And, if the vitriolic acid fails from internal uſe, I have thoughts of trying it externally; for, when conjoined with hogs lard, it forms a very elegant ointment. This, indeed, I have had but few opportunities of uſing; yet, I am inclined to think,

think, that it will be found to poſſeſs ſome advantages over the ſulphur ointments, and that it will be productive of good effects.

Sequel.

From the uſe of the ſolution of corroſive externally, and of the antimony internally, with the repetition of the ſalts at proper intervals, the eruption on his face continued gradually to decline; but ſoon after, a dry ſcaly eruption, of a ſimilar nature, appeared on the hairy ſcalp. After ſhaving the head, this was treated with an external application, nearly of a ſimilar nature, the corroſive being applied in the form of ointment. To this it ſoon yielded. His recovery, however, after this, was not uniform; for, when the eruption on his head diſappeared, that on his face returned to a very conſiderable degree; and it even extended to different parts on the trunk of his body. But, by perſiſting in the uſe of the remedies already mentioned, it was at laſt entirely overcome; and, on the firſt of March, he was diſmiſſed free from complaints.

CASE IV.

Observations on a Rheumatic Affection cured by the Use of the Elixir Guajacinum Volatile.

S—— M——, aged 42, admitted November 11. 1776, a married woman, of a brown complexion, and low stature, is affected with severe pains in the hip, knee, and ancle joints, particularly of the right side. Those pains are so violent on motion, that she is unable to walk; neither can she stand upright. They are particularly severe when she begins to grow warm in bed.

The parts affected are not in the least degree inflamed, or sore to the touch, but are always painful on any motion of the joint. Pulse 96; belly regular; appetite impaired; but she does not complain of thirst. Her menses are regular, and are at present flowing.

The pain in her joints first seized her six months ago. It was then attended with heat and redness in the parts, which disappeared soon after the

the application of a blister, and blood letting by means of leeches. She now complains of a sense of cold in the ancle and foot chiefly affected.

She imputes her complaints to sudden exposure to cold, by stepping from a vessel of tepid water into a running stream. She has used no other medicines but those mentioned above.

Capiat elixiris guajacini volatilis, semunciam omni nocte, hora somni, ex quovis vehiculo.

December 14. She has continued the use of the elixir regularly since it was first ordered. Her pains are greatly relieved since she began it. She is now free from the excruciating uneasiness on going to bed; and she can walk with tolerable ease, so that she has been able to come to the Dispensary, on foot, from a considerable distance.

℞. *Elixiris guajacini volatilis, uncias duas*
Mucilaginis gummi Arabici
Syrupi simplicis, singulorum unciam unam
M. capiat semunciam omni nocte.

December 21. She continues to walk with much more ease, but is still affected with pain in her back, which is most severe during the night. *Continuétur mixtura ut antea.*

Observa-

Observations delivered December 23.

In the case of this patient, we are presented with an affection which is very little complicated; and it is, at the same time, one, with regard to which, there can be be very little room for doubt. It can hardly be matter of hesitation, that the pains to which this patient is subjected, are of the rheumatic kind. Her affection, however, by no means corresponds with the definition of rheumatismus, as given by nosological writers. For this patient is not only at present entirely free from any symptom of pyrexia, but has been so ever since she came under our care.

In this disease, however, it is universally allowed, that there are two very different states. These are well known by the names of acute and chronic rheumatism. How far this affection, in the two different states I have mentioned, should really have different generic names, I cannot pretend to say; I apprehend, however, that, in the nature of the two, there is a very considerable diversity; yet, notwithstanding this, in many particulars they are very strictly connected.

I would be far from pretending to assert, that a rheumatic affection, of the chronical kind, never

ver takes place without preceding acute rheumatism; and there are unqueſtionably many inſtances of this latter diſeaſe, which are never ſucceeded by any chronical affection. The moſt common caſe, however, is, that they are connected, and that the one is a ſequel of the other. This appears to have happened in the inſtance before us; at leaſt we may infer ſo, from the ſwelling and inflammation with which the pain was at firſt attended.

But, whatever might be the firſt ſtate of this affection, there can be little doubt with regard to its condition at the time when this patient came under our care; and, perhaps, as little that her diſeaſe derived its firſt origin from the cauſe which ſhe aſſigns for it; that is, the ſudden change of temperature, by paſſing from warm to cold water. Such ſudden expoſure to cold is the cauſe of various morbid affections. Sometimes it induces one diſeaſe, ſometimes another. Theſe varieties are probably to be aſcribed to peculiar weakneſs of the parts, or ſuch like cauſes; but, of all affections, the moſt common which it induces are of the rheumatic kind. And this effect it has evidently had in the inſtance before us.

With

With regard to the termination of this diſeaſe, there is, I think, no reaſon to apprehend fatal conſequences. And, we may remark, that rheumatiſm, even in its acute ſtate, is one of thoſe affections which is more painful than dangerous. Sometimes, indeed, chronic rheumatiſm has a fatal termination, by inducing other affections. And, from the long continuance of pain, with the want of exerciſe, the conſtitution will at laſt be broken. With our patient, however, it has neither been of ſuch duration, nor ſo violent, that any thing of this kind is to be dreaded. On the other hand, I would hope, that the progreſs towards cure, which has already been begun, may be continued; and that this patient may, in no long time, be reſtored to tolerable health. On ſuch a termination, however, we can by no means, with certainty, depend. And, it muſt be obſerved, that this patient will now be much more ſubject to a renewal of her complaints, from trifling accidents, than if ſhe had never before been affected.

The plan of cure to be followed in all affections obtaining the name of chronic rheumatiſm, is by no means the ſame. And, indeed, the proba-

probability is, that the diſeaſe, in its nature, admits of very conſiderable variety. Chronic rheumatiſm, in its moſt pure ſtate, probably depends on an atonic condition of the parts induced by preceding inflammation. Often, however, it happens, that this ſtate is complicated with ſome degree of remaining inflammation. It is chiefly in the firſt of theſe conditions, that benefit is derived from tonics, ſtrictly ſo called, ſuch for example, as cold bathing, and the Peruvian bark. In the latter caſe, however, theſe remedies are inadmiſſible, and would even be prejudicial. Nor, on the other hand, is the affection then to be treated as in acute rheumatiſm, by bleeding and ſweating. Such means of cure might, indeed, tend to remove remaining inflammation, yet, by theſe, the atonic ſtate would be aggravated. It is in ſuch inſtances that the greateſt benefit is, I apprehend, to be reaped from the uſe of mercury and electricity; and from the remedy which we have all along uſed with this patient, the volatile elixir of guaiacum. Theſe remedies, while to a certain extent they act as evacuants, are alſo ſtimulants; and, in this way, probably, they have influence, as overcoming

coming both affections, the atonic condition, and the inflammation.

Of this intermediate kind, I suppose the case of our present patient to be, and I thought it a proper instance for the use of the guaiacum. This medicine has long been in use, both against rheumatic and arthritic complaints, and it has been employed in many different forms. There can be no doubt that the activity of guaiacum depends on a gummy, or rather a resinous substance, which the wood contains. This gum has sometimes been exhibited in substance, sometimes in watery solution, and in both ways it has been attended with good effects; but, of all others, the form which is at present most frequently employed, is the volatile tincture, or what we may consider as nearly the same thing, the volatile elixir of the Edinburgh Pharmacopoeia. The volatile elixir has, of late, been rendered very fashionable in rheumatic affections, by the publication of Doctor Dawson, entitled, *cases in the acute rheumatism and the gout*. Although, in this treatise, the author has not treated me with all the lenity I could have wished, yet I can have no hesitation in recommending it to your perusal. And, I have at least the satisfaction to think,

think, that if, in ſome reſpects, he differs in opinion from me, he has treated more eminent names with much greater ſeverity.

Doctor Dawſon, pretending to deſpiſe all theory, although, at the ſame time, you will find, that he has himſelf employed not a little of it in the book I have mentioned, recommends the volatile tincture of guaiac, of the London Pharmacopoeia, as an almoſt infalible remedy, in caſes both of rheumatiſm and gout; and he directs it to the quantity of at leaſt half an ounce for a doſe, either merely diluted with water, or in the form of a draught. This remedy, ſince I read Doctor Dawſon's caſes, I have often employed, and ſometimes, I think, it has been of very conſiderable advantage. At the ſame time, from any experience which I have had, I can by no means conſider it as entitled to the very high character which he has given it. And, in recent rheumatic caſes, I have ſometimes been ſuſpicious, that it had rather a bad effect as otherwiſe. In the preſent inſtance, I employed the volatile elixir of guaiacum of the Edinburgh Pharmacopoeia, which differs very little from the volatile tincture of the London college, in the firſt, the *ſpiritus ſalis ammoniaci vinoſus* being employed as a menſtruum,

ſtruum, in the laſt, the *ſpiritus volatilis aromaticus*. This medicine, in the caſe of which we now treat, ſeems to me to have been very uſeful; and I have not met with any caſe, in my practice, in which I think it has done more. I ſhall be happy to find, that its reputation is confirmed by farther experience.

While this patient continues to recover, I ſhall not think of changing her medicine; and, ſhould her ſymptoms even become more violent, I will probably only be led, either to increaſe the doſe, or to alter the form. I began the treatment of this caſe, by giving Doctor Dawſon's common doſe, half an ounce of the medicine; as, however, after the continuance of it for ſome time, our patient was very conſiderably relieved, I have ſince diminiſhed the quantity, by giving her the volatile elixir of guaiacum, combined with other fluids. And, if ſhe continues eaſy, I may, perhaps, in a ſhort time, lay aſide the guaiacum altogether, to try how ſhe will do without it. But, as I wiſh to ſee how far a cure can be effected by this medicine alone, I ſhall not, unleſs from neceſſity, think of employing any other active ſubſtance, either externally or internally. I am

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in hopes that no other remedy will be neceſſary, or, at leaſt, that we will only need to direct, with the uſe of the preſent remedy, ſuch cloathing and regimen as the ſituation of our patient will afford.

But, if theſe meaſures ſhould, in the end, be found ineffectual, I have thoughts of trying this patient with electricity. Electricity is one of thoſe remedies which I formerly pointed out as ſuited to rheumatiſm, in its progreſs to the atonic ſtate. And indeed, it is the opinion of ſome very able phyſicians, that, between chronic rheumatiſm and palſy, there is a very great affinity. In the latter of theſe affections, however, electricity has long been highly celebrated; hence there is reaſon to hope, that it may be of conſiderable ſervice in the former. I muſt own, I am inclined to conſider it as a remedy of greater powers, and more extenſively uſeful, than is commonly imagined. In ſuch a caſe as the preſent, I ſhould chiefly expect ſucceſs by drawing electrical ſparks from the part affected, or by giving ſlight ſhocks, from forming a communication between the plus and minus ſides of the jar, by chains leading to the patient's thigh and ancle.

Should

Should the electricity alſo be found unſucceſsful, ſome benefit might, I think, be reaped from different external applications. And, on the recommendation of a gentleman, of whoſe accuracy in obſervation I have a high opinion, I have thoughts of trying an ointment, formed by uniting a ſmall proportion of the vitriolic acid with hogs lard. I have, on different occaſions, ſuggeſted the uſe of ſuch an ointment againſt cutaneous affections; but the gentleman to whom I allude, informs me, that he has often uſed it with ſucceſs in rheumatiſm, which he imagines is to be aſcribed to its operating as one of the *calefacientia*.

To theſe remedies we may probably add the uſe of the Peruvian bark. And, before the trials which we have already propoſed be made, it will, I imagine, be leſs exceptionable than it would be at preſent.

Continuation of the Reports.

December 28. Her pains continue much eaſier; but, ſince laſt report, there has occurred a ſlight ulceration on the back part of her leg. *Continuetur mixtura elixiris guaiacini ut antea; et aliquantum linimenti cerei parti cruris affectae imponatur.*

January

January 14. The ulceration of her leg, mentioned in the laſt report, is now heal; but a ſlight ulceration has appeared at another part. She has had ſome return of pain in her left thigh and left arm; but the right thigh, which was formerly ſo much affected, continues eaſy. *Continuentur medicamenta.*

January 25. She is free from all her pains, and the ulceration is entirely heal. Let her be diſmiſſed.

Obſervations delivered February 1.

Of the diſeaſe of this patient, after what has already been ſaid, little now remains to be obſerved. During the whole courſe of her affection, I have had no reaſon to alter, either my opinion, or my practice. Except the ſlight ulcerations in her leg, which occurred towards the concluſion of her diſeaſe, ſhe has had merely a continuance of the ſymptoms mentioned in the caſe; and theſe, which were entirely ſuperficial, were hardly an object meriting attention. The progreſs to recovery here has, upon the whole, been more regular than I expected. Our prediction, therefore, that, in no long time, ſhe would enjoy tolerable

tolerable health, has at leaſt been fulfilled. How far our aſſertion, that ſhe might again be ſubjected to a renewal of her complaint, ſhall appear to be well founded, yet remains to be determined. I ſhall not be diſpleaſed to learn, that, in this reſpect, our fears are found to be groundleſs.

After what we have already ſaid reſpecting the plan of cure, nothing is now to be added. Viewing the caſe to be one, in which, with a diſpoſition to the atonic ſtate, there was yet ſome remains of inflammatory diatheſis, I thought of trying a medicine, which, in ſome degree, combined ſtimulating and tonic powers. And it was with this intention that I had recourſe to the elixir of guaiacum. And, although I have often before employed this medicine, I think with good effect, yet, after the termination of this caſe, I may, even more poſitively than formerly, aſſert, that I have uſed it in no caſe in which it has been productive of ſo good effects as in the preſent. At the time when ſhe began it, her pains were ſo violent, particularly on one ſide, that ſhe was unable either to ſtand or walk; and they were increaſed with ſo much ſeverity on her going to bed, that ſhe was often deprived of reſt during the

the night. From the time that ſhe began the elixir, her complaints were greatly alleviated; and I perſiſted in it, without employing any other medicine, till ſhe was ſo eaſy that I reckoned it unneceſſary for her to continue her attendance. She was then diſmiſſed, after exhibiting to us, in my opinion, no weak proof of the effects of guaiacum, in this formula, againſt rheumatiſm in a particular ſtate.

In this caſe, as I formerly remarked, I employed the elixir guajacinum volatile; but, ſhould another caſe ſimilar to this occur to us, I intend ſomewhat to vary the preſcription, and, in place of the volatile, to uſe the ſimple elixir. By this, we may be able to determine how far the powers of the medicine are to be aſcribed to the guaiacum itſelf; for I muſt obſerve, that I conſider large doſes of the preſent formula as liable to ſome objections. From the heat and pungency of the menſtruum, we cannot venture to employ it undiluted, and when any watery addition is made, a precipitation of the guaiacum is the neceſſary conſequence. With the ſimple elixir, the menſtruum, which is rectified ſpirit, would not require dilution, even when given to a greater extent than half an ounce; and the guaiacum itſelf

itſelf may be ſuppoſed to be in nearly the ſame condition in this, as in the volatile elixir.

CASE V.

Obſervations on a Caſe of Chronical Catarrh.

E—— B——, a ſhoemaker, in the 48th year of his age, admitted November 11. 1776, complains of frequent and troubleſome cough, attended with copious and viſcid expectoration, eſpecially in the morning. He has a ſenſe of weight and coldneſs in the praecordia; his reſpiration is ſomewhat difficult; tongue clean and moiſt; appetite natural; belly bound; ſkin cool; pulſe 84.

This cough firſt came on about twelve years ago, and, during the winter-ſeaſon, it has been generally aggravated. He knows no particular cauſe to which his diſeaſe can be aſcribed. He has uſed ſeveral remedies, particularly ſome ſquill pills, which had the effect of opening his belly, and relieving the difficulty of breathing.

Capiat

Capiat hora ſeptima veſpertina pulveris ipecacuanhae ſcrupulum unum; nec non omni nocte, ſub horam ſomni, pilularum ſcilliticarum grana quinque ſumat.

December 7. The vomit operated well, but he was not ſenſible that it had any effect, either in relieving his cough, or difficulty of breathing. He continued the pills regularly for a conſiderable time after they were ordered, and they had the effect of rendering both his cough and breathing eaſier; but he has taken none of the pills for ſome days paſt, ſince which time theſe ſymptoms are again more ſevere. *Continuentur pilulae ſcilliticae ut antea, et applicetur veſicatorium nuchae, deinde imponatur unguentum epiſpaſticum ut fiat fonticulus.*

December 14. His cough was ſomewhat eaſier for a few days after the application of the bliſter, from which there was a very copious diſcharge; but it has been rather more troubleſome to him ſince the diſcharge has been ſomewhat diminiſhed. *Continuentur fonticulus et pilulae, ut antea.*

December 21. There has been a copious diſcharge from the iſſue ſince laſt report, and his

cough and breathing have been ſomewhat eaſier. *Continuentur medicamenta.*

Obſervations delivered December 23.

The diſeaſe to which this patient is ſubjected is very diſtinctly marked; and, at the ſame time, it is an affection which is not leſs frequent in this country, than it is troubleſome and obſtinate. As exiſting with different degrees of ſeverity, there is ſome variety in the appearance of it; and, from this circumſtance, it has obtained different names, not only among the vulgar, but alſo among men of ſcience. Thus, there are ſome who would refer the diſeaſe of our preſent patient to the head of cough; for, by the greateſt part of noſological writers, tuſſis is conſidered as a proper genus of diſeaſe; and, there are others, who, from the difficulty of breathing which here takes place, would refer it to the genus of aſthma; particularly to that ſpecies which is termed the humid aſthma. In my opinion, however, both theſe appellations are improper; and, I imagine, that this, and ſimilar caſes, of which we have at preſent ſeveral under our care, are to be referred to the genus of catarrh.

It

It muſt indeed be allowed, that the ſymptoms of the caſe before us do not correſpond to the definition of catarrh, as given by ſeveral authors, and particularly by thoſe who refer catarrh to the general claſs of pyrexiae, or febrile affections. I cannot help thinking, however, that this method of arranging that genus, is exceptionable. And, if we conſider the order of profluvia as conſtituted merely by a morbid increaſe of natural diſcharges from the body, they form an aſſociation of diſeaſes, among which there is a great natural affinity. In this ſenſe, the profluvia either may or may not be attended with fever. When, however, fever does occur, it is not to be conſidered as an eſſential, but merely as an accidental ſymptom. To the order of profluvia thus defined, I would refer catarrh, as being an affection, the eſſential part of which conſiſts in an increaſe of the mucous diſcharge from the glands ſituated in the membrana mucoſa Schneideri, particularly in that part of it which lines the lungs.

There is indeed one diſeaſe commonly reckoned a ſpecies of catarrh, which may be conſidered as a ſtrong objection to this definition and method of arranging it. What I allude

lude to, is that contagious affection, known by the title of the influenza, or epidemical catarrh, which, at ſeveral different periods, has been obſerved to be propagated over all Europe. Of that diſeaſe, fever is probably an eſſential part. It is, however, an affection, which, in its nature, has no eſſential agreement with catarrh from cold. It certainly depends upon a peculiar febrile infection, and ought to be conſidered as having no more analogy with catarrh, from cold, than the ſmall pox has with thoſe cutaneous eruptions which, in external appearance, moſt nearly reſemble it.

Having premiſed theſe obſervations reſpecting the noſology of catarrh, it follows that, on the view now given of it, we may, without heſitation, refer the caſe of our preſent patient to that genus. In the caſe before us, the diſeaſe is ſufficiently characterized by the copious viſcid expectoration. For, there can be little doubt, that the troubleſome cough is merely the conſequence of the accumulation of this matter in the ramifications and veſicles of the bronchia.

Here, however, it will naturally occur, as a ſecond queſtion, how far the genus which we have now defined conſiſts of different ſpecies, and to which

which of these species the present case is to be referred. I must own, that I am one of those who reckon the multiplication of the species comprehended under genera, to be both unnecessary and improper. It is indeed true, that the cure applicable to any particular genus, is by no means suited to all the species falling under it; but, neither will the cure of species always answer for the treatment of varieties. And, in actual practice, the cure employed in any particular case, ought to be adapted to its peculiarities. I apprehend, therefore, that genera ought only to be subdivided when there is a manifest and considerable difference, particularly in teaching medicine.

In the present affection, there are two conditions between which a distinction is requisite; that is, whether the disease occurs as an acute or chronical affection. In the first of these cases, it appears as the almost immediate effect of a particular accident; it is attended with considerable fever; and, in no long time, it terminates either in health, or in some other affection. Of all other affections, the most common sequelae of it, are, either phthisis pulmonalis, or chronical catarrh. Any observations on the former of these affections

affections would be here out of place; but the case before us naturally leads us to the consideration of the latter.

By chronic catarrh, I understand an increased secretion of mucus in the lungs, without fever, and, most commonly, without any degree of inflammation. This disease, as I have already observed, is both common and troublesome; and, as being such, it has naturally claimed the attention of practical writers. They have commonly distinguished it by the title of *catarrhus senilis;* and, in defence of the propriety of the name, it cannot be refused, that it is chiefly a disease of old people; yet, as it sometimes occurs at an early period of life, I consider the term *chronic* to be less exceptionable. And, indeed, it could hardly with propriety be termed *senilis* with our present patient, a man not yet fifty years of age. It is from these different considerations, then, that, to the disease of this patient, I give the name of *chronic catarrh.*

This affection is one of those which has often a fatal termination; but, for the most part, it is not suddenly fatal: And it rather induces death by wearing out the constitution, than in any other manner; although, in some instances indeed, patients

patients are cut off by it, from immediate ſuffocation. With our preſent patient, it has not gone to ſuch a height as to give much reaſon to apprehend this; and our patient's ſtrength is but little impaired. To all this we may add, that he has not yet arrived at a very advanced period of life; hence, there are ſome grounds for hoping, even for a compleat recovery. It is, however, more probable, that we will not be able entirely to rid our patient of his diſeaſe, but that he will, as formerly, continue to be more or leſs affected with it during the winter-ſeaſon. I hope, however, that, under proper treatment, his complaints may at leaſt be alleviated, particularly, if his ſituation at home be ſuch, as will co-operate with our meaſures.

In this affection, in general, I imagine, that the great object which is to be aimed at in the cure, is to reſtore the ſecretion, by the lungs, to its natural ſtate; and the principal means of affecting this, is, by diminiſhing the determination of the blood to the lungs. Hence, it becomes no leſs neceſſary to avoid cauſes promoting determination there, than to uſe ſuch means as will increaſe the flow of blood to other parts. Of all cauſes determining blood to the internal viſcera,

viſcera, in general, perhaps the moſt conſiderable is the application of cold to the ſurface of the body; and hence it is, that the diſeaſe of which we now treat, is univerſally obſerved to be worſt during the winter-months. And it is one of thoſe affections, in which it is of the higheſt utility to paſs the winter in a warm climate. With patients where that condition is unattainable, cold is particularly to be guarded againſt by proper cloathing, and comfortable lodging, as by this mean uniform circulation is chiefly to be ſupported.

But, beſides this, the determination to the breaſt will alſo be diminiſhed by all thoſe means which increaſe the flow of blood to neighbouring parts. And, with this view, nothing has a better, or more permanent effect, than ſome drain from the body, in the form of iſſue, or ſeton. With nearly a ſimilar intention, alſo, emetics are often uſeful. Theſe have particular influence in giving powerful determination to the ſurface; yet, it muſt be allowed, that this determination is not permanent; and, in this diſeaſe, they are perhaps ſtill farther ſerviceable from another principle. The diſtreſſing ſymptoms in this affection, although ultimately the conſequence of an increaſed ſecretion of mucus, are yet to be conſidered

ſidered as immediately proceeding from the accumulation of this mucus, in thoſe canals and receptacles which are provided for air. Hence, conſiderable relief may be derived from all thoſe means of cure which ſerve immediately to unload the breaſt, by promoting expectoration; and, with this intention, there is perhaps no remedy more ſerviceable than emetics.

Emetics, however, at the utmoſt, can be repeated only at certain intervals; hence, it ſhould be our endeavour to obtain relief from ſomething productive of the ſame effect, the uſe of which can be more uniformly perſiſted in. With this view, if there be in reality any remedies which, by entering the circulation, and in this manner reaching the lungs, produce a tendency to excretion, we would naturally think of employing theſe. Some, indeed, are diſpoſed to deny that any ſuch medicines exiſt; but, I muſt own, that I cannot help entertaining, on this ſubject, a very different opinion. I can ſee no more difficulty in ſuppoſing it poſſible, that the effects of a remedy, entering the circulation, ſhould appear at the excretory or ſecretory organs, by the breaſt, than by the kidneys or ſalivary glands. That an action on the two latter takes place, is unde-

niable; and, for my own part, I am convinced, that, with reſpect to the former alſo, it is confirmed by obſervation. This effect is particularly obſervable from the uſe of many of thoſe very ſubſtances, which, after their introduction into the circulation, ſhew their influence on the kidneys, ſuch, for inſtance, as ſquills. Such remedies, indeed, may, in the preſent affection, be ſuppoſed to have a bad effect, in as far as they tend to increaſe ſecretion; but this is more than counter-balanced, by their giving an additional ſtimulus to excretion, and by this means unloading the lungs.

While theſe medicines aid expectoration, they ſeem alſo to produce a change on the ſtate of the matter expectorated; for, after their uſe, it manifeſtly appears of a conſiſtence leſs viſcid, and leſs tenacious than before. This, probably, is not the effect of any alteration on the ſtate of the mucus, as it is ſecreted; but it happens merely from excretion occurring before the mucus has, in conſequence of ſtagnation, acquired any great viſcidity. Thus, then, although ſuch remedies can be conſidered as having but little tendency to produce a radical cure, yet they are of conſiderable ſervice, as alleviating the diſeaſe.

On

On theſe general principles I have begun, and mean to conduct our practice, in the caſe before us; and the obſervations which have now been offered, will fully explain to you the intentions which I have in view, in having recourſe to an iſſue, to the ſquill pills, and to repeated emetics. In the uſe of the two former, I mean uniformly to perſiſt for ſome length of time, but the latter will be uſed only occaſionally, when, from much difficulty of breathing, there is reaſon to ſuſpect, that a conſiderable quantity of mucus is accumulated in the breaſt. I hope, therefore, that, if the other remedies have the effect to be wiſhed for, theſe will be leſs neceſſary. In the future management of this caſe, we may poſſibly be induced to change the drain to a different ſituation, or to a different form; and, with the ſquills, we may conjoin gum ammoniac, or aſſa foetida. But, ſuch changes excepted, we will probably make no other alteration in the treatment of this caſe, unleſs from circumſtances of the diſeaſe with which we are at preſent unacquainted.

Sequel.

Under the courſe mentioned, the ſeverity of this patient's complaints was ſomewhat relieved; but,

but, as he complained much of pain from his iſſue, the ſituation of it was firſt changed, and afterwards, it was entirely diſcontinued. Notwithſtanding the uſe of the ſquill pills, he became much affected with coſtiveneſs, which was obviated by the uſe of cream of tartar. But, although by theſe meaſures the ſeverity of his diſeaſe was alleviated, yet it continued to diſtreſs him much during the whole winter; and, about the end of May, when his attendance at the Diſpenſary was diſcontinued, the preſumption is, that the relief which he obtained proceeded more from the change of the ſeaſon, than from the influence of the medicines which were employed.

CASE VI.

Obſervations on an Affection of the Liver, treated by Mercurial medicines.

J—— F——, in the fifty eight year of his age, admitted November 20. 1776, is by trade a chairman, and naturally of a robuſt make. In the

the right hypochondrium, a conſiderable tumour may be felt, extending to the umbilical region. This tumour gives him little uneaſineſs, even on preſſure; but he is affected with conſtant tickling cough, and his reſpiration is ſomewhat difficult. He has ſome thirſt; his appetite is conſiderably impaired; and he ſleeps ill on account of the cough. Pulſe 104; belly regular; tongue white and moiſt; urine natural, both in colour and quantity.

About two years ago the ſwelling was firſt perceived, and it has ſince gradually increaſed. With the cough, he has been affected for nearly the ſame length of time. In June laſt, he was ſeized with a vomiting of blood, which left him, after continuing about a month. He has diſcharged blood by ſtool for above two years paſt, at intervals of two or three months; and, about a year ago, he was affected with ſevere gripping pains in his bowels; theſe, however, were relieved by the vomiting of blood, which ſoon afterwards ſucceeded, and of late they have been much leſs ſevere.

He can aſſign no cauſe for his diſeaſe; he has uſed many medicines with little relief. Some time ago, he drank the purgative mineral water

at

at Pitcathly, which, he says, in some measure relieved the pains in his bowels.

℞. *Unguenti mercurialis unciam unam*
Camphorae grana decem
Terantur optime simul ut fiat unguentum
Hoc inunguatur tumor abdominis omni nocte, et singulis vicibus scrupulus unus adhibeatur.

November 23. He thinks that the tumor in his abdomen is less painful to the touch since he began the ointment. He has had no bloody discharge by stool; but his other symptoms continue nearly in the same state as before, and the cough is very troublesome.

℞. *Hydragyri granum unum*
Conservae fructus cynosbati drachmam dimidiam
Terantur optime simul ad perfectam globulorum extinctionem, et fiat bolus hora somni sumendus
Et repetatur dosis ejusmodi alternis noctibus.

November 30. He has continued the ointment, and taken three boluses, without their producing any inconvenience. He still thinks the pain of the tumor somewhat diminished, and he has had no return of the bloody stools. *Continuetur unguentum, et repetatur bolus tertia quaque nocte.*

Decem-

December 7. He has taken his medicines as directed, and has felt ſome ſlight ſoreneſs in his gums for theſe three days paſt. He thinks, that the pain of the ſwelling in his abdomen is ſtill leſs than formerly, but the ſwelling is nothing diminiſhed. *Omittantur boli, continuetur unguentum, et capiat pilularum thebaicarum grana decem alternis noctibus.*

December 14. He thinks his cough ſomewhat eaſier ſince he began the pills; and he has had no farther return of the bloody diſcharge by ſtool. The pain in his abdomen continues eaſier, and he thinks that the ſwelling is ſomewhat fallen. *Continuentur medicamenta, et repetatur bolus ut antea, alternis noctibus.*

December 21. He is again at times ſenſible of a copper taſte in his mouth, ſince the boluſes were repeated, but without any ſpitting. His cough, and the difficulty of breathing, have been very uneaſy for ſome days paſt. *Continuentur medicamenta.*

Obſervations delivered December 23.

The caſe of this patient is one, with regard to which, I am not altogether without difficulty; and

and I expect to have ſtill greater difficulty in the conduct of the cure, than in aſcertaining the nature of the diſeaſe.

The ſymptoms with which this patient is at preſent affected, are few in number. And of theſe, the greateſt part are obvious to the ſenſes. Here the firſt and moſt important queſtion which naturally preſents itſelf, reſpects the ſwelling in his abdomen. From the equable nature of this, we may conclude, that it depends upon an affection of ſome of the abdominal viſcera, and we can ſuſpect no viſcus with greater probability than the liver. It is well known, that affections of this viſcus are very common; and, although on ſome occaſions, ſuch affections will continue for life without inconvenience, yet in other caſes they are attended with the moſt ſerious conſequences.

This affection of the liver, then, I would conſider as the moſt eſſential part of our patient's diſeaſe; and it may even be a queſtion, how far it is not to be conſidered as the cauſe of all of them? The other complaints which at preſent diſtreſs him moſt, are cough and difficult reſpiration. Theſe may either depend on a catarrhal affection, or they may originate from a diſeaſe of

of the liver. It is here, however, to be obſerved, that the cough with which our patient is affected, is, in ſome reſpects, different from that of chronical catarrh; and, from its being, as is expreſſed in the hiſtory of the caſe, a conſtant tickling cough, we may conclude, that it does not depend on a ſtimulus from a quantity of viſcid mucus. For, when that is the caſe, the fits of coughing are not ſo frequent as they are ſevere; and it then very rarely happens, that a fit of coughing terminates, without the expectoration of a conſiderable quantity of viſcid mucus. I muſt, therefore, own, that I conſider it to be the moſt probable ſuppoſition, that both the cough and difficulty of reſpiration depend on the diſeaſed ſtate of the liver.

On what principle ſwelling and tumour of the liver ſhould produce the difficulty of breathing, is ſufficiently obvious. An enlargement of that viſcus muſt neceſſarily prevent the free motion of the diaphragm, particularly when the body is in a recumbent poſture; and, on the motion of the diaphragm, there can be no doubt that reſpiration principally depends. Nor is it very difficult to conceive how it ſhould give riſe to cough; for, from the very circumſtance of

preventing the free motion of the diaphragm, it will neceſſarily act, as giving irritation to the lungs. And in this manner we can account for the frequency of the cough without expectoration.

One of the moſt eminent practitioners at preſent in Britain, is diſpoſed to refer to the liver the cauſe of many diſeaſes. And, from thoſe who have been his patients, nothing is more common than to hear of liver-coughs, liver-conſumptions, and the like. Although I am by no means diſpoſed to conſider its influence to be ſo extenſive as ſome imagine, yet, it would be equally groundleſs to refuſe, that it may often be the cauſe of diſeaſe; and when, as in the preſent caſe, we have, even from the teſtimony of the ſenſes, next to certain evidence of its being diſeaſed, it naturally preſents itſelf, at leaſt, as the moſt probable cauſe of the affection.

After theſe remarks on the ſymptoms with which our patient is at preſent affected, it next requires to be mentioned, that, ſince his complaints began, he has been affected with other ſymptoms, which, although they be not conſtant, have been obſerved to return at no very long intervals; and we have every reaſon to apprehend that he will be again ſubjected to them. What

I allude to, is the bloody diſcharge both by vomiting and by ſtool, but particularly in the latter of theſe ways. With regard to this circumſtance, alſo, there is ground for doubt. It either may, or may not be connected, with the fixed affection of his liver. It is certain, that tumour and ſchirroſity of the liver very frequently occur without any ſuch appearance; and, it is equally certain, that blood may be diſcharged from the alimentary canal when it is derived from other ſources. Moſt commonly, ſuch bloody diſcharges happen from the veſſels of the alimentary canal itſelf. Beſides theſe circumſtances, there is another particular which here creates farther doubt. The ſwelling of the liver is ſaid to be only of two years duration, while, we are told, that this bloody diſcharge has taken place at intervals for a greater length of time.

When all theſe circumſtances are taken together, I cannot venture to aſſert, with confidence, that the bloody diſcharge does depend upon the diſeaſe of the liver; yet, I muſt own, I am ſtill diſpoſed to conſider it as not improbable, that it is the origin of this affection alſo. There is great room for preſuming, that the liver would be in a diſeaſed condition a conſiderable time before

fore there was any obvious ſwelling; and from firſt to laſt it has never given any great pain. When to all this it is added, that, at preſent, there can be little doubt of its being in a diſeaſed ſtate, it is more reaſonable to ſuſpect it to be the cauſe of the ſymptoms, than to aſcribe them to any other cauſe, even the exiſtence of which is not certain. Blood from the veſſels of the liver will find a ready acceſs into the alimentary canal; and, when it is derived from this ſource, there is a greater chance of its being diſcharged, both upwards and downwards, than from any other. It is well known that a diſcharge, both upwards and downwards, happens with regard to the fluid ſecreted by the liver; and, if bilious vomiting and purging be a common occurrence, a bloody diſcharge may alſo happen from the ſame origin. Upon the whole, then, I am diſpoſed to look upon the diſeaſe of our preſent patient, to be what may be termed a liver-caſe.

Reſpecting the cauſe firſt inducing this affection, we are entirely in the dark. Our patient himſelf does not aſcribe his complaint to any particular occurrence. From this ſource, therefore, no light is thrown upon the nature of the diſeaſe, and any conjecture which can be formed from

from the circumſtances of our patient's employment, muſt be very uncertain. Yet, when we reflect on his occupation in life, that of a chairman, we are naturally led to conclude, that he has been expoſed to very ſtrong occaſional cauſes of diſeaſe. Perhaps there is no employment from which there occurs expoſure to greater viciſſitudes of heat and of cold; and, accordingly, although none are capable of undertaking this buſineſs but thoſe of the ſtouteſt and ſtrongeſt makes, yet their lives are reckoned very bad ones, by thoſe who have attended to calculations of that kind. We may preſume, therefore, that this had ſome ſhare, as inducing the preſent affection; and, it is not impoſſible, that it may have been aided alſo by the too frequent uſe of ſpirituous liquors; for, while the circumſtances of the profeſſion which we have mentioned naturally lead to the uſe of ſpirits, dram-drinking is, at the ſame time, known to be a very powerful cauſe inducing affections of the liver.

But any ſuppoſition which may be entertained reſpecting the origin of the diſeaſe, will now very little influence our judgment with regard to the prognoſis. In the preſent caſe, I muſt own, I can form no favourable opinion. His complaints,

plaints, indeed, as yet, are not very urgent; and the fymptom which is the moſt urgent, the cough, is in reality the leaſt inconſiderable. This may indeed diſtreſs him, but I do not conſider it as dangerous; and, although it is not, perhaps, to be entirely removed while the cauſe of the complaint continues, yet it may admit of conſiderable alleviation. The ſwelling which is perceptible in his abdomen, will, in all probability, be more obſtinate; and it may not merely reſiſt all our attempts to remove it, but may yet terminate in ſuppuration, the patient being afterwards cut off by the *tabes hepatica*. I ſee no reaſon for imagining, however, that the progreſs in the preſent diſeaſe will be rapid. And, if our patient chooſes to give himſelf that chance which different medicines may afford, it will at leaſt furniſh us with an opportunity for the trial of theſe; yet, I muſt own, that I have but little expectation of being able to remove the affection.

With the view of combating that diſeaſe of the liver, which I take to be the great cauſe of our patient's preſent complaints, two great objects are to be aimed at, the removal of obſtruction in that viſcus, and the reſtoration of due circulation through

through it. We do not imagine, that, even by obtaining theſe ends, the ſwelling would be entirely removed; for the probability is, that, after the affection has been of ſo long ſtanding, the ſolid parts are in ſome degree increaſed. Yet, I think, there is little doubt that the greater part of the ſwelling depends on impacted fluids, and that, by free circulation, it would be removed. At the ſame time, by the reſtoration of this, any farther bad conſequences would be avoided.

Of all the remedies known by the general title of deobſtruents, none perhaps has been longer held in high eſtimation than mercury. And, we have the moſt inconteſtible evidence of its acting as a peculiar and yet powerful ſtimulus, at particular parts, after its introduction into the general maſs of circulating fluids. It is in the hope of obtaining theſe, that I have here put this patient on the uſe of it, both externally and internally. The firſt I intend not merely as a means of introducing mercury into the ſyſtem, but in ſome meaſure as a topical application. It is with this view that I have conjoined it with a ſmall proportion of camphor; and I hope that its influence, when rubbed upon the integuments, may,

may, in ſome degree, be extended to the viſcera; for I cannot help thinking, that I have ſeen inſtances of benefit from it, where there was equally little connection.

But, ſhould the friction have no influence in this way, it is ſtill an equally powerful means of introducing the mercury into the ſyſtem, as friction on any other part. With this, however, I wiſhed alſo to conjoin the internal uſe of mercury, as by this means there is both a greater certainty of its introduction, and the ſyſtem will be ſooner charged with mercury, than if we truſted to one mode of introducing it only.

I have ordered the mercury as rendered active merely by triture. In this ſtate, there is the greateſt chance of its being retained for ſome length of time in the ſyſtem; and on this retention my hopes of ſucceſs were chiefly founded. I have directed the triture to be made with the corſerva fructus cynoſbati, a ſubſtance which ſome imagine has a very powerful effect as extinguiſhing the mercury; but, how far the ſuppoſition is well founded, I do not know.

By means of theſe, or other mercurials, it is my intention to keep this patient for ſome time on the verge of ſalivation. Not that I imagine any benefit

benefit is here to be reaped from the diſcharge, but becauſe I conſider the diſcharge to be the only certain evidence that the mercury has entered the ſyſtem.

Should this plan, after a proper trial, be found to fail, we may, perhaps, make trial of ſome of theſe deobſtruents ſo highly recommended by Doctor Stork, particularly the cicuta or ſtrammonium. I am far from thinking that theſe remedies are ſo highly efficacious as has been repreſented; yet, I have no doubt that they do poſſeſs active powers, and that, on ſome occaſions, they have had wonderfully good effects. In the preſent caſe, however, I ſhould not be diſappointed were theſe alſo to fail.

While we are thus proſecuting meaſures for a radical cure, the relief of urgent ſymptoms is not to be neglected. With that view, indeed, we have hitherto done but little; becauſe, excepting the cough, there is nothing in this way very urgent. It is, however, with the view of alleviating this, that I have ordered the *pilulae thebaicae*. While theſe afford relief, I propoſe to continue them occaſionally; or, I may have recourſe to other remedies, as demulcents or bliſters. But, while the cough with which he is affected

continues to be merely of the tickling kind, I own, I ſhall expect more from the opiate than from any other remedy. And I take the preſent to be one of thoſe caſes in which the *trochiſci bechici cum opio*, a new formula of the Edinburgh Pharmacopoeia, may be uſed with advantage.

Sequel.

The uſe of the mercury was perſiſted in for ſome weeks. His cough continued to be leſs troubleſome; he had no return of the bloody diſcharge by ſtool, and he thought that the ſwelling in his abdomen was ſomewhat diminiſhed. In this ſtate he diſcontinued the mercurial courſe, and no other remedy was tried.

CASE VII.

The Hiſtory of a Petechial Eruption without Febrile Symptoms, terminating ſucceſsfully.

JANE ALLEN, aged 11, has over her whole body ſmall red ſpots, not raiſed above the ſurface of the ſkin, and neither ſore nor painful. She has alſo on her forehead and arms, but particularly

ticularly on the lower extremities, livid blotches, having much the appearance of vibices. Theſe are of different ſizes; ſome of them as large as the ſurface of half a crown, others of a ſhilling. She ſometimes complains of ſlight headach, and her gums have bled once or twice during theſe laſt three days. Theſe bleedings have come on without any obvious accident; but the diſcharge has never been conſiderable. Belly regular; pulſe natural; appetite good; tongue moiſt and clean; no thirſt; ſkin cool.

The petechial ſpots were firſt obſerved about ten days ago, and the livid blotches about two days after. The number of theſe has gradually increaſed; and the bleedings firſt appeared three days ago.

She imputes theſe complaints to her having eat, about a month ago, a large quantity of the common ſmall beans. Two days after this, ſhe was affected with great laſſitude, attended with ſhivering and coldneſs. Theſe ſymptoms were ſoon ſucceeded by heat of her ſkin, headach, and vomiting; which laſt ſymptom continued for five or ſix days. She complained alſo of loſs of appetite, and great thirſt. During the firſt eight days after ſhe was ſeized with theſe ſymptoms, ſhe took

took two purgatives and two emetics. After the exhibition of the latter, the ſpontaneous vomiting ceaſed, and ſhe recovered ſo far as to be able to go abroad on the 8th day after the acceſſion of the fever. On Sunday laſt ſhe took a third doſe of phyſic, during the operation of which, ſhe diſcharged by ſtool a conſiderable quantity of blood; but, ſince that time, ſhe has not paſſed any.

Capiat pulveris corticis Peruviani ſcrupulum unum ter indies ex quovis vehiculo.

December 28. Has taken the Peruvian bark regularly, without any inconvenience. Many of the red ſpots, and ſeveral of the large blotches on her ſkin, have diſappeared ſince laſt report. But others have appeared at different places; and ſeveral times ſhe has had ſlight bleedings at the noſe and mouth. Her appetite continues good; ſkin cool; pulſe and belly natural.

January 4. The ſpots on her ſkin are now almoſt entirely gone, and the large blotches, which yet remain, are every where of a lighter colour, verging to yellow. Some freſh ones, however, have appeared ſince laſt report. She has had no return of bleeding at the noſe or mouth. She complains of having been affected,

for

for ſome days paſt, with pain and ſwelling at her ſtomach. Her appetite is ſomewhat impaired; belly very bound; pulſe 96.

Intermittantur medicamenta, et capiat cras mane ſalis Glauberi ſemunciam ex aquae ferventis unciis ſex. Repetatur doſis talis mane die Martis.

January 14. The firſt doſe of the ſalts had little effect, but the ſecond operated briſkly. Since ſhe took it, the pain and ſwelling of her ſtomach have been much eaſier. She has had no return of the bleeding. The vibices and petechiae are now almoſt entirely gone. But, on Thurſday laſt, ſhe diſcharged a large round worm, of the lumbricus kind. Her pulſe and belly are now natural; but her appetite is at times obſerved to be very keen.

℞ *Pulveris florum chamaemeli ſcrupulum unum.*
Syrupi ſimplicis,
Aquae jontis, ſingulorum ſemunciam. M. fiat hauſtus, hora ſomni ſumendus, et repetatur omni nocte.
Nec non habeat mane die Veneris doſin ſalis Glauberi ut antea.

January 18. She took the mixture regularly, and the ſalts operated well; but no more worms

worms have been obſerved; and ſhe continues free from all her ſymptoms. Let her be diſmiſſed.

Obſervations delivered February 1.

The caſe of this patient whom we ſome time ago diſmiſſed from attendance here, appeared to me to be in many reſpects ſingular. I had never, I own, before ſeen what I could reckon an inſtance of the ſame affection. Till lately, indeed, I had never read of it, or, at leaſt, had ſeen it mentioned only in ſuch a curſory or accidental manner, as to merit little attention. But, a few months ago, I had the honour of receiving from Dr Baldinger of Goettingen, ſeveral inaugural diſſertations, publiſhed at that place. Among others, he ſent me one, intitled, *De Petechiis ſine Febre*, by Dr Ed. Graaf. I own, from the title alone, I was not diſpoſed to give much credit to it. I conſidered proper petechial eruptions as ſolely confined to fevers of the typhus or putrid kind, and that too in their worſt ſtates. I was, therefore, inclined to believe it ſome deception. And, as cutaneous diſeaſes are eaſily confounded, it at firſt occurred to me, that ſome other cutaneous

neous eruption might be miſtaken for petechiae. From careful peruſal of the treatiſe, however, I was neceſſarily led to form a different opinion.

The theſis to which I allude, conſiſts entirely of a caſe which had occurred to the author, and a comment upon that caſe. In the hiſtory, ſo many other concurring circumſtances are mentioned, that no doubt can be entertained of the nature of the eruption. Not long after I read this diſſertation, the preſent caſe occurred, and the circumſtances were ſuch as afforded an evident example of what Dr Graaf has deſcribed. His caſe and the preſent are, in almoſt every particular, ſimilar to each other.

In our caſe, there were moſt evident ſymptoms of an eruption of ſmall red ſpots on different parts of the body, particularly about the breaſt and neck. Theſe ſpots correſponded very exactly to every deſcription of petechia. In ſize and figure they much reſembled flea-bites, but, in place of a florid red, they were of a livid caſt, and had no evident marks of a puncture in the middle, which always attends flea-bites.

But beſides, this matter was put beyond all manner of doubt, from other appearances. To-

gether

gether with these spots, large livid blotches were visible on many different parts, exhibiting, in a great measure, the same appearance as effusions of blood in the cellular membrane from strokes or similar causes. We had here also very great resemblance to the vibices attending putrid fevers; and I have often seen cases, where appearances were not worse, which terminated by the parts sloughing off. The same appearances were also remarked in the case of Dr Graaf; but neither were the vibices so numerous nor to so great extent. Two only were mentioned in his case, and these smaller than with our patient. His words are, 'In regione potissimum hypo-'chondriaca sinistra conspexi duas maculas viri-'des et sugillationibus simillimas, quae ovi co-'lumbini magnitudinem aequabant.'

That these were of the same nature with what occurred in greater numbers in our patient, can be matter of no doubt. And there can even be little ground for hesitation in pronouncing, that they were the effects of effused blood. For here a disposition to the rupture of vessels manifested itself in various ways. Before the patient was admitted under our care, she had oftener than once spontaneous bleeding at her gums, and that too, without

without any evident ſign of ſpungy texture or local affection. On taking purgatives alſo, ſhe had been obſerved to diſcharge conſiderable quantities of blood by ſtool.

After ſhe came under our care, there were ſtill, in ſome meaſure, the ſame appearances; that is, ſtill evident ſigns of tendency to haemorrhage in the diſcharge of blood by ſtool; and this, too, without any ground for ſuſpecting that it was the effect of any haemorrhagic effort. For neither was there quickneſs nor hardneſs of pulſe, nor any other ſymptom uſually attending that ſtate of body.

Theſe were the only morbid ſymptoms evident in this caſe, or of which our patient complained after coming under our care. At one time, indeed, ſhe complained of ſome uneaſineſs and ſwelling at her ſtomach. Probably, however, theſe ſymptoms were rather the conſequence of the remedies ſhe had taken, than connected with the diſeaſe; and they may very naturally have ariſen as effects of the vitriol acid. At any rate, it was a complaint of but ſhort duration, and giving little uneaſineſs.

At another time, ſhe diſcharged, by ſtool, a large worm of the lumbricus kind. I was, how-

ever, inclined to imagine, that this had no connection with the primary affection. Worms in the alimentary canal are, indeed, the cauſe of a great variety of ſymptoms. But I do not know that they have ever been alledged to induce ſuch as the preſent; and a diſcharge of them from the alimentary canal, is by no means an unfrequent conſequence of other affections.

This, I am diſpoſed to imagine, was, in ſome meaſure, the caſe with our patient; and I would conſider the petechial eruption, the blotches, ſuggillations or vibices, and diſpoſition to haemorrhage, as conſtituting the affection for which ſhe came under our care.

It will naturally occur then as a queſtion, what genus of diſeaſe theſe conſtitute?

And here I muſt own, that I know no place to which I can properly reduce it in any noſological ſyſtem. By ſome noſologiſts, indeed, petechia itſelf is made a genus of diſeaſe; but ſtill this name is given thoſe caſes where petechiae are combined with febrile affections. To ſuch, then, we cannot refer the preſent inſtance.

Of the ſymptoms here preſent, there are none which do not, at times, occur in the ſea ſcurvy.

But

But that affection is characteriſed by many other marks not here preſent. Nor, in this inſtance, was there by any means the ſame progreſs as in ſcurvy. No foetor of the breath, ſpungy ſtate of the gums, proſtration of ſtrength, ulcerations, oedematous ſwellings, or the like, here took place. Nor could the patient be ſubjected to thoſe cauſes, very generally, if not always, inducing it. There would be an evident impropriety, therefore, in referring it to this head. It is not, however, improbable, that, in its nature, it has ſome analogy to ſea-ſcurvy. And, if we can form any reaſonable conjecture of its nature, it is of more conſequence than giving it a proper name. Were I, however, allowed to coin one, and in this way the practitioners of our days have uſed more freedom than all their predeceſſors, I might call it Petechianoſos, that is, a diſeaſe characteriſed by Petechiae. But, whether this appellation be proper or not, it will little affect our idea of its nature.

In this caſe, I own, from all circumſtances taken together, I ſhould be apt to ſuſpect a particular morbid ſtate of the fluids; and that too, without any diſeaſe of the other parts of the ſyſtem, either as ſimple, or as living ſolids. At leaſt, on this ground, I apprehend, that the ſymptoms

toms may moſt readily be explained. That the ſolids are not affected, appears evident from the natural ſtate of every function. That the fluids are in ſuch a ſtate as to make their way through paſſages not natural to them, appears both from haemorrhage and extravaſation; for, on this cauſe, we muſt conſider both the petechiae and livid blotches to depend. The former, indeed, in fevers of a putrid nature, are ſometimes reckoned rather critical than ſymptomatical: But, in all probability, without any good reaſon. The latter manifeſt the ſame appearance as occurs in extravaſation from other cauſes. There can be no heſitation, therefore, in referring it to this ſource; and I would conclude, that the texture of the blood, probably of red globules, is in ſome meaſure deſtroyed. In this reſpect, then, we may preſume, that the preſent diſeaſe has no inconſiderable analogy to ſcurvy, in which there is every evidence of a ſimilar deſtruction of texture. Still, however, the caſe may be materially different. The experiments of Mr Hewſon, made on blood taken from the living body, throw new light on this ſubject. He has ſhown, that the figure of the globular particles is connected with a certain ſtate of the fluids, in which they ſwim. His experiments

periments demonſtrate that, by the increaſe of ſaline impregnations, they are ſhrivelled and broken inwards, and that, by the increaſe of the watery part, they are diſtended and broken outwards. And, on all hands, it is allowed, that, by putrefaction, the texture is deſtroyed, without any change of the menſtruum.

That theſe cauſes will all, to ſome degree, operate in the living body, is not to be doubted. And, perhaps, more frequently they operate in combination than ſeparately. There is, however, a preſumption, from the circumſtances inducing ſea ſcurvy, that the firſt more particularly operates in that affection; and the laſt is, perhaps, a cauſe of diſſolution induced with putreſcent tendency.

To which of theſe cauſes the diſſolution of the red particles, here occurring, is to be referred, I am ſomewhat doubtful. And, on this ſubject, little ground of conjecture is afforded by the alledged remote cauſe, the eating a quantity of beans. How far, however, theſe, from their quantity merely, may have induced the ſucceeding fever, and the fever given riſe to this ſtate, may, at leaſt, reaſonably be made a queſtion. From this view, I am rather diſpoſed

to

to refer it to that cauſe than any other; and the treatment was conducted accordingly.

Of the prognoſis here, obſervations are now precluded, from the diſeaſe having terminated favourably; it may naturally, however, occur as a queſtion, how far it ought to be conſiderd as a dangerous affection? A probable judgment here is to be formed only from two ſources: From former facts; or, where theſe are wanting, from knowledge of the nature of the diſeaſe. I have already obſerved, that this is the firſt inſtance of the kind I have met with, and I can, therefore, draw no concluſion from any experience of my own, nor, indeed, much from that of others. The caſe deſcribed by Dr Graaf had a ſimilar favourable termination, and that too in no long ſpace of time.

Beſides this, towards the end of his treatiſe, he has collected ſeveral inſtances, ſomewhat analogous, from different ſources, particularly from the Acta Academiae Naturae curioſorum. In theſe likewiſe the diſeaſe had a favourable termination. Upon the whole, therefore, there is, perhaps, leſs ground to be alarmed than would naturally be inferred from the idea we have given of it. For, it muſt be acknowledged, that, from this view, we ſhould conclude it to be of a bad tendency; and how far it might not be ſevere when

left

left to its own courſe, is, at leaſt, a matter of doubt. Should any future inſtance occur to me, I would reckon it improper to view it as of little account; and, till I be corrected by future experience, I would again be diſpoſed to follow the ſame plan of cure; which, although it be not preciſely the ſame, is, at leaſt, nearly ſimilar to that which ſucceeded with Dr Graaf.

Suppoſing the ſymptoms to ariſe from a deſtruction of the globules, in conſequence of a putreſcent tendency, I imagined that this ought to be combated by antiſeptics, and as ſuch I employed here the Peruvian bark and elixir of vitriol. As the ſymptoms were not urgent, I wiſhed rather to throw in the Peruvian bark gradually, than in ſuch quantities as to endanger any uneaſineſs at the ſtomach.

In this way, conjoined with the vitriol acid, it was continued for near the ſpace of a fortnight; and, at the end of that period, the appearance on the ſurface, which had undergone different changes, but with a gradual tendency to decreaſe, was almoſt entirely gone.

As ſhe complained of ſome diſorder in the alimentary canal, which I conjectured might be the effect of the medicines, I directed their being

ing diſcontinued; and, at the ſame time, ordered purgatives, to diſcharge the contents of the bowels. By theſe means the ſwelling in the ſtomach was removed; but, probably, they gave occaſion to the diſcharge of the worms obſerved after the firſt purgative. Although I conclude this to be accidental, yet, I was led to ſuſpect, that there might be more worms, and I thought it at leaſt proper to make ſome trials with this view. From more active anthelmintics, I was here, in ſome meaſure, precluded by the idea of the former diſeaſe. It was this circumſtance that determined me to truſt to the powder of camomile flowers.

But, after continuing it for ſome days, and after repeating the purgative, as there was no appearance of more worms, and the patient was, in every other reſpect, in health, I reckoned it unneceſſary that ſhe ſhould continue her attendance here. At the ſame time, I ſhould not be ſurpriſed if ſhe has yet ſome uneaſineſs from worms; and, in that caſe, if ſhe comes again under our care, I may, with greater freedom, have recourſe to more powerful medicines.

Sequel

Sequel.

This patient was not afterwards affected with any ſymptoms which could be ſuppoſed to proceed from worms, nor were any more worms obſerved to be diſcharged by ſtool. She continued alſo perfectly free from any return of the petechial affection, or of the other ſymptoms with which it had been attended.

CASE VIII.

Obſervations on the Hiſtory of a cancerous Affection of the Breaſt, treated by Electricity.

M—— D—— a woman aged ſixty-two, admitted December 25th 1776, has, in the left mamma, an indurated tumour of conſiderable ſize, ſliding readily upon the pectoral muſcle. From this tumour pains frequently ariſe, ſhooting towards the axillary glands, which are alſo ſomewhat ſwelled. In other reſpects ſhe is free from complaints, and has not menſtruated for theſe ſeven years paſt.

About twenty years ago, ſoon after being delivered of a child, a ſmall tumour was firſt perceived upon the breaſt affected. This, in a ſhort time, ſuppurated, and continued to diſcharge for about ſix weeks. It then healed, after the loſs of ſome parts, particularly the nipple. Eight years after this, being induced to ſcratch the ſame breaſt very much, from an uneaſy tickling ſenſation which ſhe felt there, a freſh ſore was formed. This, from her account, continued to diſcharge purulent matter, of a thick conſiſtence, till about ſix weeks ago. But the application of the uſual dreſſings being then neglected, the diſcharge ceaſed, and the ſore cicatrized. A fortnight after this, ſhe ſays, ſhe firſt perceived the preſent tumour, and ſoon after the ſwelling of the axillary gland.

Illinatur oleum camphoratum parti dolenti mammae, omni nocte hora ſomni. Accipiat etiam bis in ſeptimana ictus electricos tres ad gradum tertium, ita ut fluidum electricum per tumorem mammae curſum teneat.

January 14. She has continued the electricity and friction ſince laſt report. She now thinks that the pain of her breaſt is ſomewhat diminiſhed, and the ſwelling leſſened. But the baſe of the tumour ſeems to be rather extended.

Repetatur

Repetatur electricitas ter in ſeptimana et accipiat, ſingulis vicibus, ictus electricos decem ad gradum tertium. Continuetur oleum camphoratum ut antea.

January 25. She thinks that the ſwelling of her breaſt continues to diminiſh, from the uſe of the electricity. *Continuetur electricitas ter in ſeptimana, et accipiat ictus quindecim ad gradum quartum.*

February 1. She has had much pain in her breaſt ſince it was laſt electrified, and there is a ſlight excoriation near the nipple, which diſcharges a ſmall quantity of matter.

Imponatur indies parti affectae, linimenti cerei pauxillum, et continuetur electricitas, ſed accipiat, ſingulis vicibus, ictus decem ſolummodo.

January 8. There is now a conſiderable ulceration on her breaſt, from which there is a copious diſcharge of matter. The ſwelling continues to be much diminiſhed, but ſhe thinks that the electricity increaſes her pain. *Intermittatur electricitas, continuetur linimentum ceraeum, et capiat veſpere et mane pulveris foliorum cicutae grana tria.*

Obſer-

Obſervations delivered February 22.

In this caſe there are few ſymptoms, and the affection is evidently ſimple; yet its nature is not altogether without difficulty. The diſeaſe at preſent is principally, if not entirely, ſituated in the left mamma. And here the affection is equally evident, both to ſight and touch. A manifeſt indurated tumour can be diſtinctly felt; and, although its ſurface is ſometimes ulcerated, and ſometimes not, yet the ſkin never recovers its natural appearance.

Here we have not, indeed, every ſymptom uſually attending cancer. Yet there is ſtrong probability, that the affection is rather of this kind, than that it is now to be reckoned ſchirrus, particularly from its diſpoſition to an ulcerated condition. This ſuppoſition is ſtill further corroborated by ſhooting pains with which the patient is frequently affected; but ſtill more, by tumor under the axilla. For this laſt circumſtance may be conſidered as a demonſtration of abſorption from the breaſt, and that, too, of matter which, in other glands, would produce a ſimilar affection to that which occurs in the mamma.

With

With this ſentiment, I cannot eaſily, in the preſent caſe, pronounce a favourable prognoſis. All authors are agreed in reckoning cancer among the moſt dangerous affections. It is particularly one of thoſe complaints where there is no ground to hope for a natural termination in recovery. And if a cure is to be effected, it muſt, in a great meaſure, if not entirely, be the work of art. Yet, perhaps, even with the beſt aſſiſtance, recovery is, in no caſe, to be depended upon. Nor, on the other hand, can any one be conſidered as ſo deſperate, as to preclude all trials. And, it is merely with this view, that we have taken the preſent patient under care.

In ſuch caſes as the preſent, a cure is to be expected only on one of two principles; either by removing the diſeaſed parts, or by reſtoring them to a ſound ſtate. Where a complete removal can be effected, I have no doubt in conſidering it as a proper method. I am, for my own part, convinced, that it affords not only the moſt expeditious, but alſo the moſt certain cure. And I am perſuaded, that many have fallen victims to cancer from its having been neglected.

Some, indeed, and thoſe, too, men of no inconſiderable note, are enemies to operation, in every

every caſe of cancer. And, were we acquainted with any effectual medicine for reſtoring the diſeaſed parts to a ſound ſtate, I would have no heſitation in agreeing with them.

It is obſerved, and, indeed, with juſtice, that many, on whom the operation is performed with apparent ſucceſs, afterwards die of cancer, and that, too, in very great agony. But, to aſcribe either the return of cancer or pain to the operation, is a very erroneous mode of reaſoning. The allowing cancer to remain at one place, is no defence againſt its affecting another; on the contrary, from this circumſtance, there is a greater probability of its happening. Hence there is no evil, with juſtice, to be aſcribed to removing the affected part. And, when we find a patient again affected with cancer, from whom one was formerly extirpated, it only argues, that, by local operation, virus cannot be expelled from the ſyſtem. The exiſtence of cancerous virus in other parts, in all probability, is very generally the effect of the operation's being delayed; and if there are ſome caſes where the patient has had a return of cancer, there are others where this has not happened.

In

In ſome caſes, then, it may be conſidered as the means of a complete cure. In others, and theſe even the worſt, where the ſituation is ſuch as to admit of it, operation may, at leaſt, be the means of removing urgent ſymptoms, and protract the life of the patient for many years.

From all theſe conſiderations, then, I muſt own that I am an advocate for operation in this complaint. And, after the caſes lately publiſhed in ſupport of this practice by Mr Hill of Dumfries, very few, I apprehend, who have ſeriouſly conſidered them, will doubt the propriety of it. As he obſerves of himſelf, were it my fate to be affected with cancer, I would not delay operation a ſingle hour, in hopes of cure by other means.

On theſe principles, therefore, I had no heſitation in recommending it to this patient to think of operation, and to conſult ſurgeons with reſpect to it; but I found her totally averſe to all thoughts of it. And I muſt here obſerve, that it is an operation attended with ſo much danger, that I ſhould reckon it improper to go any further than merely to recommend it.

As the preſent patient, while ſhe was reſolved againſt operation, was deſirous of employing any other mode of cure, I determined at leaſt to give trial

trial to such, and to attempt what could be done in the view of restoring the diseased part to a sound state. This, I apprehend, is to be effected by restoring free circulation through the part, and natural action of the vessels. For I suppose what has been generally called cancerous virus, as well as all the other symptoms, to depend on obstruction of some of the vessels, and vitiated action of others.

I considered this as no unfavourable opportunity for trying how far these ends could be obtained by means of electricity. Electricity, with the view of discussing such tumours, has been recommended by Dr Eason, a surgeon in the army. He was led to propose it from an accidental recovery happening to a lady in Ireland labouring under such a complaint, in consequence of a stroke from lightning.

This history, as related by him, you will find in a late number of the Medical Commentaries. It was, therefore, with the present patient, my intention to persist in the use of this remedy for a considerable time, and to carry it to as great a height as she could easily bear.

At first, altho' used only to a slight degree, it seemed to promise some advantage; and the patient

tient herſelf was inclined to imagine that it both mitigated the pain, and diminiſhed the tumour. With a view, therefore, of augmenting theſe advantages, I ordered both the number and ſeverity of the ſtrokes to be increaſed. Now, however, I am ſomewhat doubtful how far this direction was proper. For, after this change, the pains returned with increaſed ſeverity, and the tumour was again converted into an ulcerated ſtate. I do not, however, think it clear, that theſe alterations were the effects of electricity; yet, where there was ground for ſuſpecting this, I durſt not order the continuance of it. On this account, I have, at leaſt, for the preſent, diſcontinued the trial, but with the intention of again returning to the uſe of it, if circumſtances will allow. For I cannot help thinking, that its influence in the preſent caſe has been ſuch as to give hopes that it may be a powerful remedy in renewing circulation through diſeaſed parts. I have, in the mean time, put this patient on the uſe of the cicuta; from which, I cannot help thinking, that, in ſome caſes, I have ſeen very good effects. If there be any appearance of advantage, I ſhall wiſh to perſiſt with it for ſome time; and, after proper trial, the farther treatment

will be regulated by circumſtances. I muſt, however, conclude, as I have already ſaid, that neither from this, nor from any other mode of cure, I have any high expectations.

Sequel.

The cicuta was continued with this patient for ſome time, without any obvious good effect. She was averſe to the repetition of the electricity, and gave up attendance at the Diſpenſary, to try the effects of gentle dreſſings, without any other medicine.

CASE IX.

Obſervations on a Caſe of Haemorrhois.

D—— W—— a man in the forty ſeventh year of his age, by trade a gardener, of a robuſt habit and florid complexion, admitted January 21. 1777, complains of being conſtantly affected with much pain about the anus, which is increaſed by walking and when he is at ſtool. After each ſtool he generally paſſes ſome blood, which is commonly in a pure and fluid ſtate.

Small

Small tubercles, ſlightly inflamed, are to be ſeen externally at the anus, from which he ſuppoſes the pain and diſcharge to proceed. Pulſe, heat, appetite natural, belly regular.

About eighteen months ago, he was affected with an itching over his whole ſkin, and with pain in his head, which was attended with ſlight giddineſs. Theſe complaints continued for ſome weeks, and left him upon the appearance of the preſent affection, for which he knows no other cauſe. He has uſed but few medicines, and theſe have had little effect.

℞ *Florum ſulphuris.*

Pulveris cremoris Tartari, ſingulorum uncias duas, Syrupi ſimplicis quantum ſufficit. M. fiat electuarium. Capiat drachmam unam ter cujus die.

February 1. The medicine has been taken as directed, and has had the effect of keeping his belly gently open. He has ſtill ſome pain about the anus, but it is conſiderably diminiſhed; and there has been very little diſcharge of blood ſince he began the uſe of his medicine.

Continuetur electuarium ut antea.

February

February 8. He is now free from all his former complaints, except a ſlight degree of foreneſs externally. Let him be diſmiſſed.

Obſervations delivered February 15.

The caſe of this patient affords ſubject but for few remarks. His diſeaſe is neither in its nature ſingular, nor is there any room for doubt reſpecting it, while, at the ſame time, there does not here occur any complication of affections. That this patient is affected with haemorrhois, can admit of no doubt; but this is a diſeaſe, with regard to which, the moſt eminent practitioners ſtill differ in their ſentiments. It may, indeed, be thought that the preſent caſe has not every characteriſtic of the affection, as defined by ſome noſologiſts. This patient, when he came under our care, had no complaint of head-ach, vertigo, or pain about his loins. Theſe, however, according to Dr Cullen, are characteriſtics of this affection. And he even puts them in ſuch a manner, that we ought to conclude they ſhould conſtantly be preſent. But few noſologiſts, however, reckon ſo many ſymptoms eſſential; and the preſent caſe, at leaſt, correſponds very exactly

actly to the definition of Mr Sauvages. His words are, 'Fluxus cruentus ex podice vel recto, marisci 'ruptis obsito.'

Besides bloody discharge and tubercles, pain is also by some considered as a characteristic of the affection. And, it may even be remarked, that neither the one nor the other of the symptoms mentioned by Sauvages, are to be considered as essential. Often, indeed, as in the present instance, both are conjoined; but, in some cases, there is no tumour, and in others, there is no discharge. This has led to the distinction of the affection into haemorrhois caeca, aperta, interna, externa, and the like. These varieties, however, do not depend on any essential difference in the nature of the disease, but merely on situation and condition. In the present case, we can have no doubt in pronouncing, that the disease was of the external kind, and, at the same time, entitled to the appellation of the haemorrhois aperta. It is in general agreed, that this complaint arises from an affection of the haemorrhoidal vessels. It has, however, been disputed whether the haemorrhage proceeds from arteries or veins, and whether the tumour be the effect of effusion into the cellular membrane, or of the enlargement of the veins.

It

It is the moſt common opinion, that both haemorrhage and tumour depend on the veins. And this opinion, I am inclined to think, is moſt generally true. It is corroborated both by the diſſections of Morgagni, and by attending to thoſe habits uſually ſubject to haemorrhois. Morgagni, from diſſection, contends, 'Haemorrhoides nihil eſſe aliud quam varices venarum ani.' Beſides this, the diſeaſe generally affects thoſe labouring under venous plethora, or, at leaſt, ſuch as have arrived at that period of life when this condition is moſt frequent. It is not, however, to be denied, that many circumſtances ſeem to favour the opinion of effuſion. It is to be obſerved, that there is frequently no inconſiderable pain, a circumſtance not ariſing from diſtenſion of veins. Beſides, there are alſo diſſections in favour of the opinion of effuſion, which have demonſtrated a lodgement of blood in a receptacle, formed of condenſed cellular membrane. And, it may be added, that the diſcharge is ſometimes very great, and is evidently preceded by increaſed impetus and tendency to haemorrhage over the whole ſyſtem. When all theſe circumſtances concur, there is ſtrong preſumption that the diſeaſe ariſes from arteries. And this opinion is even favoured by

ſome

some dissections related by Morgagni himself. In one case, he observes, 'Extremum intestinum 'intus varicosis venarum nodis inaequale. Majorem ex his attente inspiciens miratus sum, cum 'ipso qui non modico alioquin distendebatur sanguinis grumo, non nisi tenuissima sanguifera vascula communicare, ut evidens esset aliquam 'perexilem venam in eam fuisse amplitudinem 'dilatatam.' To me it seems more probable, that the appearance which here astonished Morgagni, was rather the effect of effusion than of the extraordinary dilatation which he suspected.

It would seem, then, that, in this affection, cases may differ essentially in their nature. And such a distinction is often of consequence in the cure. It naturally occurs here as a question, to which of the kinds the present case is to be referred? I know no circumstance in the instance before us, from which I can form a certain judgment; yet I must own I am disposed to consider it as a venous affection. The discharge of blood is only to a slight degree, and seems to happen, principally, if not entirely, from pressure, as on a discharge of foeces by stool. It is not attended with any marks of increased impetus, nor accompanied with any considerable degree of pain. All

these

theſe are objections againſt the ſuppoſition of the haemorrhage being from the arteries, while the idea of its being venous is confirmed by the period of life at which the patient has arrived.

Thus, then, I have ſtated my ſentiments reſpecting the nature of the diſeaſe with which this patient is affected. After the termination which it has already had, I need add nothing of the prognoſis. The diſeaſe, indeed, previous to his admiſſion, was of ſome duration; yet no circumſtance indicated what could be reckoned any great degree of violence. There was, therefore, good reaſon for entertaining hopes of a favourable termination, which accordingly ſoon took place. I would not, however, from this, be underſtood to mean, that this patient is radically cured. It is well known, that thoſe who have once been ſubjected to this complaint, are very liable to a recurrence of the affection. And, it is not improbable that this may happen with the preſent patient. Yet, when he was diſmiſſed, he was free from pain, ſwelling, and bloody diſcharge; and, without ſome exciting cauſe, may continue ſo.

In the treatment of this caſe, I found it neceſſary to do very little. And, I may here obſerve, that haemorrhois is one of thoſe affections reſpecting

ting the propriety of curing which there is often very great doubt. In many cases, particularly where it is habitual, it is to be considered as a salutary discharge. And, in most instances, there is some danger from a sudden check, even where the discharge is inconsiderable. This is particularly the case when, as was observed with the present patient, those subjected to it have that florid complexion which gives evidence of a plethora. The cure, therefore, is to be regulated by the appearance of the disease; and, where there is no thing very urgent, it is, perhaps, the best plan to do but little, especially when there is no reason to apprehend, that, by neglect, there is any danger of its becoming habitual.

There are, indeed, cases of this affection calling for the most powerful remedies. These are sometimes necessary with a view of obviating violent inflammation, and sometimes for restraining excessive discharge of blood; as by evacuations in this way, the patient may be cut off, either by inanition or some supervening disease. In the former case, the impetus at the rectum is to be diminished by general and topical bleeding, by antiphlogistic purgatives, and by emollient applications. In the latter, we must attempt to induce

conſtriction of veſſels by different aſtringents, whether externally or internally applied.

In the inſtance, however, which we have here had occaſion to treat, I ſaw no neceſſity for either. Although I ſuſpected that the haemorrhage was from the veins, and conſidered it as being of the paſſive kind, yet its extent was by no means ſo great as to require ſuch a doubtful medicine as aſtringents. Although there was ſome evidence of a plethoric diſpoſition, yet neither was there any general affection of the habit, nor any local inflammation requiring a diminution of impetus. From theſe conſiderations, therefore, I reckoned it ſufficient to obviate the principal exciting cauſe of the haemorrhage. This I took to be the ſtate of diſcharge by belly. I put the patient, therefore, on the uſe of a gentle refrigerant purgative. From this I hoped that I ſhould not only remove compreſſion, but produce a gentle depletion of the ſyſtem. This, together with the daily labour in which he muſt be engaged, and if not the low, at leaſt, the moderate diet, which is probably the utmoſt his circumſtances can afford, I hoped would be ſufficient for the removal of the plethora. In this, it would appear, my expectations were not diſappointed; and, from the time that he

he began the electuary, which gently loosened his belly, he had no more of the bloody discharge. Besides, during the continuance of it, the pain and external swelling gradually diminished, in so much, that, at last report, I considered him as so far well as to judge farther attendance here unnecessary. He might, indeed, have been continued for a week or two longer on the list, and we should then have been better able to judge how far the cure was completed. But, for this purpose, it would have been requisite, at least for the sake of form, to have persisted in the use of some medicines. While, however, I considered nothing as better suited to the nature of his complaint than the electuary on which I had put him, I was unwilling even to continue it any longer. For, from rendering purgatives habitual, the inconveniencies produced are by no means small. I considered it, therefore, as the preferable method, to recommend it to him to return here upon the recurrence of his complaint. And, if he does not, we may presume that the benefit which he has received is of a permanent nature.

Sequel.

Sequel.

This patient did not afterwards apply for aid at the Diſpenſary; and, after ſeveral months had elapſed, he continued perfectly free from any return of his former complaint.

CASE XII.

Obſervations on a Caſe of Menorrhagia treated by the Peruvian bark.

J—— S——— admitted December 2d 1776, A widow, of a fair complexion and delicate habit, complains of great debility and frequent nauſea, eſpecially in the morning. She is affected alſo with flatulency and an uneaſy ſenſation at her ſtomach, which is generally aggravated by taking food.

Her menſes, for the moſt part, return every three weeks, and continue to flow for eight or nine days in immoderate quantity. Should their return be protracted till the interval of a month, which is ſometimes the caſe, all her complaints increaſe in violence, and ſhe is affected with flying

ing pains over her whole body. They, however, for the moſt part, leave her when the catamenia again appear.

Her pulſe beats 100 ſtrokes in the minute. Her belly is regular, tongue clean, and reſpiration eaſy. But her appetite is much impaired, and ſhe complains of great thirſt.

The immoderate flux of menſes came on about three years ago, immediately after weaning a child which ſhe had ſuckled for fifteen months. For this affection ſhe can aſſign no cauſe. But to it ſhe attributes all her other complaints, moſt of which began about two years ago.

She has uſed a great variety of medicines, and, among others, the Peruvian bark, from which ſhe thinks that ſhe has derived the greateſt relief.

Capiat pulveris corticis Peruviani ſedrachmam quarta quaque hora.

December 14. There has been no bloody diſcharge from the vagina for two weeks paſt. But her other ſymptoms continue much as before. *Continuetur cortex Peruvianus, ut antea.*

December 21. She continued tolerably eaſy for ſome days after the laſt report; but her menſes appeared again about two days ago, and the diſcharge is ſtill very great. It was, however, preceded

preceded by rather leſs pain than uſual. Pulſe eighty; appetite ſomewhat mended; belly rather bound. *Continuetur cortex Peruvianus, ut antea, et capiat elixiris vitrioli acidi guttas viginti ex aquae cyantho omni nocte.*

December 28. After ſhe had taken the elixir for two nights, her menſes ſtopped. Since that ſhe has been much affected with ſwelling in her ſtomach and in the under part of her belly. And ſhe alſo complains much of flying pains through different parts of her body. Pulſe eighty; belly regular. *Intermittatur elixir vitrioli. Continuetur cortex Peruvianus, ut antea.*

January 4. The pains of which ſhe complained are much eaſier. And the ſwelling was greatly diminiſhed ſoon after laſt report. It continued ſo till two days ago; but ſince that there has been ſome return of it. Pulſe 100. Belly natural. *Continuetur Cortex Peruvianus.*

January 14. She was tolerably eaſy till within theſe three days. But the menſtrual diſcharge then appeared, and the evacuation has taken place to the ſame extent as uſual. The diſcharge ſtill continues; and ſince it began the pains through her body have been much aggravated; but without any ſwelling of the abdomen. She

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is again affected with thirſt, and her appetite is ſomewhat more impaired than before. Pulſe 96. Heat moderate. *Continuetur cortex Peruvianus, ſed capiat drachmam unam tertia quaque hora.*

Obſervations delivered January 18.

To the diſeaſe of this patient, there is little difficulty in affixing a name. She is indeed afflicted with various complaints, which are attendants of ſeveral genera of diſeaſe. As examples, we may mention the ſymptoms of debility, nauſea, flatulence, and the like. There can be no doubt, however, that all of them, in the preſent caſe, proceed from the ſame origin. They are here the effects of a debilitated ſyſtem from exceſſive haemorrhage; for, with this patient, the menſes return at ſhorter periods than uſual. When this diſcharge does return, it is continued for an unuſual length of time, and, during that period, the diſcharge is exceſſive. There can be little doubt, then, in pronouncing this caſe to be an immoderate flow of the menſes, or, in the language of the noſologiſts, a caſe of menorrhagia. Beſides the complaints already mentioned, this patient is frequently

frequently affected with tranſitory pains. Theſe, from the hiſtory, are evidently connected with the diſtemper which we have mentioned; for they chiefly occur previous to the menſtrual evacuation, and are only remarkable when the diſcharge does not take place at the uſual time. Pains of this nature, however, frequently attend menorrhagia, inſomuch that, by ſome, they are introduced amongſt the diagnoſtic ſymptoms. But, without conſidering them as eſſential, they are at leaſt common, and, in place of giving doubt, corroborate our opinion. As to the name of this affection, therefore, there is little ambiguity.

But, in order to give either a probable prognoſis, or to lay down a reaſonable plan of cure, we muſt go farther. Theſe are only to be derived from the peculiar nature of the caſe before us. For, under the genus of [redacted] menorrhagia, very different affections are included. And, above all, it is particularly neceſſary to determine whether the haemorrhage be of the active or paſſive kind. In the latter caſe, endeavours to reſtrain it are, in a great meaſure, neceſſary. In the former caſe, they would often be attended with the worſt conſequences; for there the haemorrhage is to be conſidered as a natural cure. In the nature

ture of uterine haemorrhage, however, there is ſomething peculiar; and we cannot disjoin the conſideration from that of menſtruation. Of the theory of menſtruation, I have, in other lectures, had occaſion to treat. While every phyſician would explain the diſeaſed ſtates to which it is ſubjected, on his own doctrines, I muſt beg leave to proceed on the ſuppoſition of the truth of what I have delivered.

In this view, I muſt conſider all increaſed diſcharge as proceeding from one of three cauſes: From an uncommon determination of blood to the uterus.

From an increaſed action of that viſcus, or of its veſſels.

Or, laſtly, from want of due reſiſtance to the impetus of the blood at the uterus.

It is our buſineſs to inquire, then, to which of theſe cauſes the diſcharge here is to be referred, or how far different principles may be concerned. The firſt may be conſidered as giving haemorrhage more purely of the active kind. The laſt more particularly paſſive; while that which proceeds from the other may be conſidered as of an intermediate nature. The opinion which we adopt on this ſubject muſt very much influence

our practice; and hence it is material to diſtinguiſh to which it is to be referred.

This is to be done on one of two grounds; either from the cauſes inducing the complaint, or from the concomitant circumſtances. In the preſent inſtance, from the firſt of theſe we can derive no light; for it did not manifeſtly ariſe from any particular cauſe. We are merely told, that it ſucceeded the giving ſuck to a child, during which period, the menſes, for the moſt part, are wanting, as then, probably, from an anaſtomoſis of veſſels, there is a real obſtruction of blood from the uterus itſelf. This never could be ſuppoſed to have a tendency in inducing an increaſed diſcharge. If, therefore, I am allowed to conjecture, I would be inclined to go farther back, and would ſeek for the cauſe of it during the ſtate of pregnancy or delivery. It is well known, that, at theſe periods, the condition of the uterus, and its veſſels, are greatly affected. This, however, we muſt conſider as merely conjecture, and muſt endeavour to determine the queſtion which we have ſtated, on the laſt circumſtance, viz. concomitant appearances. On this ground, then, I propoſe to take a view of each in order.

An uncommon determination to the uterus, the firſt general cauſe of menorrhagia, ſometimes

times arises from particular local affections. Such, for example, as causes retarding the flow of blood into the neighbouring vessels. Hence the compression of these vessels is an useful remedy for restoring obstructed menses. More frequently, however, it is the effect of general fulness; hence the menstrual discharge is accelerated and increased by high and plentiful living. Of neither the one nor the other, however, of these circumstances, is there any evidence in the present case. The circulation through the inferior extremities is the same as usual, and every mark of general plethora is absent. There is no tendency to a drowsy, or lethargic state; no general sense of weight, or fullness; no turgescency, or florid complection; no great haemorrhagical tendency. On the contrary, from paleness, delicacy, and debility, there is rather room for suspecting inanition. Hence, upon the whole, for the supposition of an uncommon determination to the uterus, there is very little foundation.

The second general cause of menorrhagia which we mentioned, was an increased action of the uterus. A peculiar action of this viscus I reckon necessary to account for the menstrual discharge. Such an action unquestionably takes place at a certain period of the pregnancy; and is then the cause of delivery, and of course, in some

measure,

measure, of the lochial discharge. If, however, there be such a natural action, that it may be subject to a morbid condition is not to be questioned; and that this may be attended with a preternatural state of the discharge, both as to time and quality, can hardly be doubted. Such inordinate action may be considered as an affection of the nervous kind. It may, therefore, be induced by all the variety of causes giving rise to these; and, when present, will chiefly be indicated by pain and irregularity as to the period of discharge. It is well known, that temporary spasms and contractions, beginning in the uterus, are often propagated to the neighbouring parts. Such is always the nature of labour-pains, unless in as far as they are the effects of distention. Such frequently precede delivery, with people of delicate habits, for a considerable time. Such are often described as attendants upon the menstrual discharge. And such, from the description given, would seem to be the pains marked in the present case. I cannot help thinking, therefore, that there is a strong presumption as to the existence of this cause. And, when we farther add, the short intervals between the menstrual discharge, this presumption is much corroborated, especially as, when

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it is poſtponed to more than the ordinary intervals, the pains are particularly ſevere. I muſt conclude, therefore, that here an inordinate action of the uterus takes place, and, probably, to a degree ſufficient to account for all the ſymptoms.

But the exiſtence of this cauſe does not preclude others. It remains, therefore, to conſider how far the laſt cauſe may be concerned, that is, the want of due reſiſtance to the impetus of blood at the uterus. Of all the cauſes of Menorrhagia, this is, perhaps, the moſt common. It is induced by various accidents, either giving riſe to relaxation of the ſyſtem in general, or of the uterus in particular. It is the product likewiſe of various morbid affections of the uterus, as cancer, ulceration, and the like. When there is, therefore, ſuch a multiplicity of cauſes, it is not ſurpriſing, that it ſhould frequently occur. And I do not doubt, that, to ſome degree, it may take place in the preſent caſe. Of this, there is even ſome preſumption, from the continuance of the diſcharge, and from the quantity to which it occurs; for, while the reſiſtance is conſiderable, inordinate action will never give any great diſcharge. But, on the other hand, there is no reaſon to preſume, that laxity is the ſole cauſe, otherwiſe many

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of the preſent ſymptoms would be wanting, and the patient would not from thence be affected with pains ſo diſtreſſing to her. There is likewiſe ſome preſumption that the laxity is to no very conſiderable degree; for the patient, as far as we can learn, is not affected with the fluor albus. Hence, although the bloody evacuation be of conſiderable continuance, it would appear, that, after the moſt powerful cauſes are removed, the reſiſtance to the paſſage of the fluids is ſufficient to prevent any other diſcharge. And I conſider the continuance of diſcharge in form of leucorrhoea to be a ſtronger mark of laxity than even a large evacuation of blood. Upon the whole, then, my idea of this complaint is, that it may, in ſome meaſure, depend upon diminiſhed reſiſtance to the blood at the uterus; but that it is principally the effect of inordinate action. Thus I would conſider it to be in a great meaſure an affection ultimately depending on the nervous influence.

On this ſuppoſition, I muſt own, I am much at a loſs, with regard to the prognoſis. After all attempts to illuſtrate nervous affections, practitioners are ſtill much difficulted with regard to them, and, particularly, reſpecting their termination, we are totally in the dark. They have no

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fixed or determined courſe. Perhaps, in general, they continue in proportion to their ſeverity; yet, when they are ſeemingly ſlight, they will often be very obſtinate, reſiſting all attempts to cure; and, where they are moſt terrible, they will often ſuddenly diſappear. I would not, therefore, be ſurpriſed, if the recovery of the preſent patien- was very ſudden; and, I will not be aſtoniſhed, if it continues obſtinate, in ſpite of all that can be done to remove it. This laſt event I reckon, of the two, the moſt probable. This diſeaſe has already remained for a conſiderable time, even for the ſpace of ſeveral years. During that period, there has been no tendency to mitigation; on the contrary, rather an increaſe of ſymptoms. And debility, nauſea, and ſimilar complaints, are now induced as ſequelae of the original affection. It is farther to be obſerved, that ſhe has already uſed many remedies, and, we may reaſonably preſume, none of the leaſt powerful. When it has reſiſted theſe, there is leſs to be expected from others. Nor, on the other hand, is there any great proſpect of a natural cure. This might, indeed, be expected at a time when the ſyſtem undergoes any great revolution; ſuch as the period when the menſes uſually leave women. But, with our patient, this

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is probably very far diſtant; as ſhe is but little paſt her twentieth year. There is another circumſtance, from which a natural cure might be expected. As we have ſuppoſed this morbid affection to be, in a great meaſure, induced by one pregnancy, it might be removed by another. Were the patient, in the preſent ſituation, to fall with child, it would probably give ſome temporary cure. But, beſides, that her huſband is now dead, it appears that there is very little chance of this, even from a ſecond marriage. Her complaint, indeed, is, in ſome reſpects, not unfavourable to pregnancy; but, in others, very much againſt it. And, while the inordinate action of the uterus gives pains reſembling thoſe in labour, ſhe would be conſtantly expoſed to the danger of abortion. Even pregnancy for a natural time, although giving ſome chance of cure, might yet have very oppoſite effects; and, in place of removing, might greatly aggravate the diſeaſe. Upon the whole then, the probability, I think, is, that the preſent affection will be tedious, at leaſt, if the patient does not, in a ſhort time, fall a victim to it.

It will, therefore, naturally occur, as a ſecond queſtion, How far it ought to be conſidered as dangerous?

dangerous? and, I muſt own, I am far from being without apprehenſions. It is by no means rare to find this diſeaſe terminating fatally, from the immediate effect of the quantity of diſcharge; and, in proportion to its continuance, there is always greater riſk of this, as the reſiſtance at the uterus is, of courſe, diminiſhed. The evacuation hitherto has not been to ſuch an extent as to threaten any immediate danger. But there is more to be apprehended from the influence of long continued evacuation on the ſyſtem. In this way ſhe has already been greatly debilitated, and, by a continuance of the diſcharge, may, at laſt, ſink under it. Yet, without ſome ſenſible alteration of the ſymptoms, I would fain hope that this may not happen ſuddenly, and that we may at leaſt have an opportunity of trying different remedies.

I muſt, however, obſerve, that I am very much at a loſs, both with reſpect to the general plan of cure and the particular remedies to be uſed. From the view given of the complaint, I am inclined to conſider it chiefly as the nervous kind. Hence it is neither to be obtained, by evacuants, which are often a cure for haemorrhage of the active kind depending on the ſtimulus of plethora; nor by a-

ſtringents, the cure of theſe of the paſſive kind which depend on rupture or relaxation. It is not an affection connected with any ſtate of the nervous ſyſtem in general. Hence it is not to be removed by the common means of cure in caſes either of mobility or torpor. But I conſider it as an affection both local, and, at the ſame time, peculiar. Hence, without farther knowledge of the laws and properties of the nervous ſyſtem, we muſt be, in a great meaſure, in the dark reſpecting a rational plan of cure.

Here our inquiries carry us no farther than to have recourſe to thoſe remedies obſerved moſt uſeful as reſtraining inordinate motions. But with many of theſe there is very great difficulty; for a great part of them, to a very high degree, act either as ſtimulants or ſedatives, and from both one and other of theſe effects, evils are to be dreaded. In ſuch a caſe, therefore, I can hardly, from reaſoning, venture to affirm what will or will not agree with our patient, and my practice muſt be regulated by trial. It was on this ground that I had recourſe to the Peruvian bark. Among other medicines taken by the patient before ſhe came under our care, this alſo had been employed, and had been found productive of good effects.

fects. I thought, therefore, that, by continuing and increasing the quantity, there was some chance of cure. And this is one of the medicines, which, under prudent management, may, I apprehend, be given to a greater extent than is usually done. I thought also of conjoining it with some more powerful astringent. But neither one nor other have answered to my wish. From the use of the vitriol acid she complained of swelling in her belly, and increase of pains. And from an increased dose of the bark, I find, that, since the last report inserted in our register, she complains of still greater inconvenience. I do not question that both the one and other medicine may have given some uneasiness; yet I can hardly suppose their effects to have been so great as she is disposed to represent.

Besides all the other difficulties, I am afraid we have another to combat in this case. I have no doubt respecting the reality of this patient's complaint; yet I cannot help thinking that she has a natural disposition to aggravate the description of every little alteration, and that she is of a timorous and suspicious temper. Hence she will be led to ascribe to medicines, effects by no means following from them; and we shall, probably, find

find great difficulty in getting her to make a proper trial of any medicine. If, however, it can be eaſily effected, I ſhall yet wiſh to make further trial of the bark; and if her ſtomach will not bear a large doſe, I will attempt to augment the quantity by frequent repetition. I may perhaps even alter the form, or conjoin the preſent with ſome other preparations, as, for example, a watery infuſion of it in combination with ſome aromatic, ſuch as the cortex aurantiorum. If the Peruvian bark fails, I have thoughts of trying, at the time of the diſcharge, the effects of anodyne medicines. Theſe, indeed, in the greateſt number of caſes, rather tend to augment this diſcharge. At leaſt, thoſe of the female ſex, accuſtomed to the frequent uſe of opiates, as well as thoſe who indulge in the too frequent uſe of ſpirits, have always the menſtrual evacuation to a great degree. But, in the preſent caſe, I am inclined to think that they would have a contrary effect. And, ſhould it even produce a more copious diſcharge, it might yet be of conſequence, as giving relief of pain. From the trial already made, I am diſpoſed to think, that there is more to be expected from ſedatives at the time of diſcharge than from aſtringents; yet, during the intervals, I would chiefly

chiefly look for a radical cure from tonics, and, failing the bark, I have thoughts of trying the calx of zinc; probably combined with ſome articles, diſtinguiſhed by the title of nervous medicines, as the powder of valerian. Should this likewiſe fail, I would, I own, be diſpoſed to recommend to the patient a trial of cold bathing; and, though it would require cautious management, yet I ſhould not be without expectations from the uſe of it. But, from what I have already ſaid of the particular temper of our patient, I may eaſily propoſe more than ever we will have an opportunity of trying.

Sequel.

After this patient had for ſome time continued on the uſe of the Peruvian bark, the ſeverity of her diſeaſe was ſomewhat abated. But, as ſhe was averſe to the trial of other medicines, and unwilling to continue the bark to a conſiderable extent, her attendance at the diſpenſary was diſcontinued, without her having obtained a complete cure.

CASE XI

Observations on a Case of Amenorrhoea, treated by Electricity.

G—— C—— a woman in the twenty-fourth year of her age, admitted January 7th 1777, complains of a troublesome cough, accompanied with scanty expectoration. She is also affected with flatulency, listlesness, and a sense of weight and oppression about the praecordia; and she often complains of headach. Pulse eighty; belly natural; appetite somewhat impaired, and her menses are obstructed.

The cough is of four weeks standing, and was attributed to cold. A similar cause is said also first to have induced the obstruction of the menses, which has now continued for twenty months. Many medicines have been used for the removal of this last complaint, particularly, repeated blood-letting and the warm bath. From the latter she derived no benefit; but her symptoms were considerably relieved by the use of the lancet.

Accipiat ictus electricos quatuor ad gradum sextum, ita ut fluidum electricum per inferiorem abdominis

dominis partem curſum teneat. Et repetatur electricitas eodem modo ter in ſeptimana.

January 18. She has felt no inconvenience from the electricity, and ſhe thinks that ſhe is now leſs affected with the oppreſſion at her ſtomach. But there is no appearance of any return of the menſtrual diſcharge. *Continuetur electricitas, ſed accipiat ſingulis vicibus ictus duodecim ad gradum ſextum. Nec non capiat omni nocte elixiris ex aloe et rheo ſemunciam.*

January 25. She has not been electrified ſince the laſt report. But ſhe took the elixir for four nights, as directed. At the end of that time her menſes appeared, and flowed to a conſiderable extent. She is now very little affected with the oppreſſion and uneaſineſs at ſtomach. But ſhe complains much of the cough during the night. *Intermittantur medicamenta; ſed capiat miſturae oleoſae ſemunciam quarta quaque hora.*

February 1. Her cough has been conſiderably eaſier ſince ſhe began the oily mixture. There has been no farther appearance of the menſtrual diſcharge. But ſhe complains of pain in her belly, particularly about the under part of it. *Continuetur miſtura oleoſa, ſed capiat ſemunciam veſpere et mane tantummodo.*

February

February 8. Her cough is almoſt gone, and her health in other reſpects is pretty well re-eſtabliſhed. Appetite mended; heat natural. *Continuetur miſtura, ut antea.*

February 15. She continues free from almoſt all her ſymptoms. *Intermittatur miſtura oleoſa.*

Obſervations delivered March 1.

When this patient came at preſent under our care, her caſe was not entirely new to me. She had been my patient about ſix months before, in the clinical ward in the Royal Infirmary. Her complaints were then in ſome reſpects different from thoſe mentioned in the preſent hiſtory. At that time, ſhe was affected with dropſical ſymptoms to no inconſiderable degree. She was then, however, alſo ſubject to the complaint for which ſhe has at preſent applied to us, the amenorrhoea; for, I have little heſitation in conſidering this to be the principal part of her diſeaſe. It was, however, as we have juſt obſerved, an attendant alſo of the former affection; and I was, at that time, diſpoſed to conſider them as not unconnected. Then, I own, I was inclined to believe, that the obſtruction of the menſes was the

cauſe

cauſe of the dropſical affection; and that, from this circumſtance, the dropſy would probably be the more obſtinate. How far the affections were really connected, may yet perhaps be matter of doubt. But the dropſy was, in no long time, entirely removed; and, as I apprehend, in a good meaſure from the effects of elaterium, a medicine which I have lately employed in ſeveral inſtances of dropſy with ſucceſs.

After the dropſy was removed, I did nothing farther for reſtoring of the menſes, than by endeavouring to ſtrengthen the ſyſtem. And, as the meaſures uſed with this view in the hoſpital were ineffectual, I thought it improper to keep her longer there, as her health began to ſuffer in other reſpects. She was therefore diſmiſſed, in hopes that the menſtrual diſcharge might ſtill be reſtored by her farther recovery of ſtrength in the country, and by more regular exerciſe and more free air than was to be had in an hoſpital. It now appears, however, that theſe were alſo inſufficient for the purpoſe. And beſides this, ſhe had likewiſe uſed, for ſome months, many different medicines, which, although they were ſuch as might readily have been ſuppoſed moſt ſerviceable, were

yet ineffectual. In this situation she again came under my care.

It is to be observed, however, that, at this time as well as formerly, the amenorhoea was not her only complaint. She had for some weeks been affected with a troublesome cough, accompanied with difficult and scanty expectoration. This she ascribed, and probably with justice, to an accidental cold; and it may be considered as totally unconnected with the amenorrhoea.

The menstrual evacuation had now been wanting about twenty months; and I had little hesitation in referring to this the impaired appetite, listlessness, oppression at the praecordia, and headach, of which she complained.

I own, from the first view I had of this case, I was disposed to form a different idea with regard to the termination of it, from what I do at present. In the catarrhal affection, unless from long continuance, I saw nothing of a threatening appearance. I hoped, however, that it might soon be removed, or even of itself cease. The amenorrhoea, however, I conjectured would be more obstinate; and, as it had already resisted several of the most powerful remedies, I had, I own, but little hopes of a cure. This, therefore, I considered

dered to be the great object of attention in practice. I now concluded, that the renewal of the discharge was not to be looked for from the restoring of general health; for the patient had now no symptom of dropsical tendency or marks of inanition. On the contrary, she was affected with symptoms of fullness at the menstrual period. And from these, she had often obtained relief by blood-letting. I concluded, therefore, that a due accumulation in the uterus was not wanting. I suspected, indeed, it might proceed from an obstruction in the passages through which it ought to pass. But, if it was of this kind, it could not depend on a slight or transient cause, as for example, spasm. And, if it arose from a fixed local cause, I could not look for a renewal of the discharge. I concluded, therefore, that the chief hopes of a recovery were from a restoration of that action of the uterus, which I suppose necessary to the menstrual evacuation. And, with this view, I was resolved to make the present case a subject of trial of electricity. This is a remedy, which, in many of the most obstinate cases, has lately been found successful, and its operation is, I apprehend, totally to be referred to an action on the living fibres. It is well known how much it does in restoring

sensibility

ſenſibility and power of motion to other parts. It may, therefore, reſtore the menſtrual flux in two ways, either by immediate action on the moving fibres, as inducing that contraction which I ſuppoſe neceſſary, or by reſtoring the capability of motion at the regular periods. In the former caſe, the cure will be an inſtantaneous effect of the operation; in the latter, it will not occur till it has been uſed ſome time, perhaps even not till after the electricity has been intermitted. On theſe principles, then, I reſolved to give it a full trial in the preſent caſe. And while I perſiſted in the uſe of it, gradually to increaſe both the number and ſtrength of the ſhocks. A flow of the menſes, however, did not appear on the firſt exhibition of the electricity. Although it was from the hopes of exciting immediate action, that I had directed that the ſhocks ſhould paſs through the region of the uterus.

In this, however, I was not much diſappointed; for, after ſo long an obſtruction, though it might have taken place, yet it was hardly to be expected. I reſolved, therefore ſtill to perſiſt in the uſe of it; but, in this, I was unexpectly interrupted from an accident happening to our machine, and after the patient had been electrified

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for a ſhort time only. I had it not in my power to exhibit it farther. I directed, however, the continuation of the electricity, in hopes of having the machine ſoon mended; and that I might not, in the mean time, ſeem inactive, I ordered her to have half an ounce of the ſacred elixir every evening.

This medicine ſhe continued, without the uſe of the electricity, for four nights, and at the end of that time, the menſes appeared, as ſhe imagined, from the medicines ſhe had then taken. But when I conſider, that it is not to be viewed, as being a medicine poſſeſſed of very active powers, and that it never even operated as producing looſeneſs, there is little reaſon for ſuppoſing it was capable of removing an affection ſo obſtinate; and, I muſt own, I ſhould rather be diſpoſed to aſcribe the reſtoration of the diſcharge to the preceeding electricity: For, where no other medicine has been uſed, cures effected by electricity have not taken place till a few days after it was intermitted. I conſider, therefore, electricity, in this inſtance, as having reſtored a diſpoſition in the uterus to action; and, I ſuppoſe, that the flow happened at a period when this action,

as

as regulated by the laws of the nervous ſyſtem, ſhould have naturally occurred.

I would not, however, pretend to alledge, that the elixir had no influence. From its action on the inteſtines, particularly on the rectum, it may have had ſome ſhare as inducing and ſupporting the diſcharge. Yet, I can by no means imagine it capable of removing an obſtruction which has ſubſiſted for ſo long a period, and which had before reſiſted the influence of the moſt active medicines, eſpecially when I conſider the ſmall extent to which it was here given.

But, even admitting this to be the caſe, it yet affords no certain proof that the reſtoration of the flux was the effect of electricity. It is, by no means, impoſſible, that it may have depended upon circumſtances, of a nature totally different, with which the patient herſelf was either unacquainted, or, at leaſt, of which ſhe did not chuſe to inform us. I cannot, therefore, pretend to ſpeak in a very poſitive manner. Yet, from all the circumſtances taken together, I muſt imagine, that the reſtoration of the menſtrual diſcharge was the effect of electricity. Conſidering it to have proceeded from this ſource, it next occurs, as a queſtion of ſome importance, How far we can look

look upon it as a radical cure? and whether it is unneceſſary to do any thing farther to ſecure a regular return of the menſes? or whether it can be conſidered as obtained only for a ſingle period? I muſt own, that, with reſpect to this particular, I am extremely doubtful; I am rather, however, diſpoſed to hope favourably as otherwiſe. I intend, therefore, without doing any thing further, with a view to promote the menſes, to wait till the uſual term of diſcharge; and if it then appear, I will conſider nothing farther as neceſſary. If it do not, I ſhall again have recourſe to electricity, and proſecute the plan which I at firſt intended. If the electricity induce a diſcharge a ſecond time, I ſhall be contented with ordering a repetition of it for a day or two previous to the period when the menſtrual diſcharge is expected. And I hope ſuch meaſures may prove effectual in ſecuring a regular return of it. If the electricity ſhall entirely fail, we may yet expect that the diſcharge may, at times, occur, although, I muſt own, I have little hopes that it ſhall ever become regular; at the ſame time, there are other emmenagogues which may be tried. And, with this view, we ſhall probably put the patient on the uſe of the rubia tinctorum. Failing that, I may

may have recourſe to the tincture of black helle-bore, puſhing it to as great an extent as I think can be done with ſafety or prudence.

Sequel.

The menſtrual diſcharge with this patient returned about the beginning of March, and continued to flow gently for the ſpace of three days. Soon after this, as being free from all her ſymptoms, ſhe was diſmiſſed from farther attendance at the Diſpenſary. But, not many months afterwards, ſhe again applied for aſſiſtance at the Diſpenſary. She was, at that time, ſubjected to a paralytic affection of the inferior extremities, the power both of ſenſe and motion being very conſiderably diminiſhed. This was alſo attended with an obſtruction of the menſtrual diſcharge, and a return of her former ſymptoms. The electricity was again ordered, in the ſame manner as before. It was continued daily for the ſpace of ſeveral weeks. During that period, the menſtrual diſcharge again returned, but not to the uſual extent. The paralytic affection of her legs, however, was entirely removed; after which her attendance at the Diſpenſary was diſcontinued.

CASE

CASE XII.

Observations on a Case of Tinea Capitis, treated by the external Application of Corrosive Sublimate Mercury, and Verdegrise.

B—— M—— a girl in the sixth year of her age, admitted January 24th 1777, has over her whole head a dry scaby eruption, of a white colour. In general, it is neither painful nor itchy. She is also affected with dulness of hearing. Her abdomen is observed to be somewhat larger than natural, and she has frequently, in the morning, an inclination to vomit. Her belly is regular, and her appetite natural.

The scaby incrustation on the hairy scalp, first appeared about the beginning of last winter, and it remained till the succeeding summer, when it entirely disappeared. At that time the dulness of hearing first commenced. The swelling of her abdomen has been observed for two or three years; and last summer she passed a long round worm, of the lumbricous kind. She knows no

cauſe for her complaints; and ſhe has taken no medicines with a view to the removal of them.

℞ *Mercurii corroſivi ſublimati granum unum, ſolve in aquae fontanae unciis duabus, dein adde micae panis quantitatem ſufficientem, ut fiat cataplaſma, partibus affectis capitis imponendum. Repetatur tale cataplaſma ter in ſeptimana.*

February 1. Several parts of the dry ſcurf on her head have fallen off ſince the application of the poultice. And now ſhe never complains of its being itchy.

Continuetur cataplaſma ut antea, et capiat cràs mane ſalis Glauberi ſemunciam in aqua ferventis unciis ſex ſolutam. Repetatur doſis mane die Jovis.

February 8. The ſalts have operated well, and the ſcurf on her head is in moſt places entirely gone. But the poultice adheres ſo firmly to the hair, that the removal of it occaſions great pain.

Repetatur ſal Glauberi, ut antea. Intermittatur cataplaſma, et

℞ *Pulveris aeruginis aeris ſemidrachmam.*
Axungiae porcinae uncias duas; tere diligenter ſimul et fiat unguentum. Illinatur ſemidrachma

midrachma partibus maxime affectis omni vespere et mane.

February 22. Her head has been regularly rubbed with the ointment since the last report; and the scabby eruption is now entirely gone. But she is still affected with the dullness of hearing. *Intermittatur unguentum ex aerugine, applicetur vesicatorium nuchae, et postea fiat fonticulus ope unguenti epispastici.*

Observations delivered March 1.

The disease of this patient is not totally without difficulty; yet almost every part of the affection is obvious. I can by no means, however, refer the whole symptoms to one genus. What I may consider as the principal part of the complaint, is the dry scaby eruption on the head. In affixing a name to this part of the affection I have no hesitation. From the seat, from the appearance, and from the nature of the eruption, there can be no doubt in pronouncing it to be an instance of tinea capitis. This is an affection not uncommon, and frequently very obstinate, in so much that, after a certain standing, some are disposed to rank it among the incurable diseases.

But,

But, although this be the moſt conſiderable, it is not the only part of the patient's complaint, and perhaps, it is even that part which, in the preſent caſe, will be the leaſt obſtinate.

This patient is alſo affected with conſiderable dullneſs of hearing. This ſymptom is conſidered as a characteriſtic of a genus of diſeaſe among all noſologiſts, under the terms of Dyſecoea, Cophoſis, Surditas, and the like. And each of theſe genera comprehends various ſpecies, which, however, are to be conſidered chiefly as inſtances of the diſeaſe proceeding from different cauſes. What particular circumſtance, in the preſent inſtance, gives riſe to it, may be conſidered as matter of great doubt. There is ſome preſumption, however, that it may have been the effect of the diſappearing of the eruption. The repulſion of cutaneous diſeaſes is enumerated among the cauſes of a great variety of affections; and from none are more numerous evils ſaid to proceed, than from the repulſion of the tinea. I do not, however, obſerve, that any practical author has mentioned deafneſs as one of them. It has been ſaid to induce blindneſs. And, if it occaſion an affection of one ſenſe, this, at leaſt, gives a preſumption that it may affect another.

I would then, I own, be inclined to attribute the preſent deafneſs to the former removal of the affection, which, as far as we can learn, was not the effect of any particular remedy, but a natural cure. Still, however, it may, I apprehend, have been productive of the ſame affections as if the complaint had been removed by artificial means. Probably both the one and the other produce their effect by giving riſe to a different ſtate of circulation.

Beſides theſe two affections, it may, at leaſt, be a queſtion, Whether this patient be not ſubjected to a third? She is obſerved to have an uncommon largeneſs of the abdomen, and to be affected with an inclination to vomiting, particularly in the morning. In neither of theſe, ſeparately, is there any evidence of a particular affection, nor indeed, in both of them conjoined. At the ſame time, there is little reaſon to think that they are connected with any of the affections already mentioned. How far they may be the incipient ſtate of a more dangerous diſeaſe, is hard to ſay. But, as far as I can at preſent judge, I cannot look upon them in that light. And I am, I own, diſpoſed to view it as the leaſt conſiderable part of

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our patient's complaint; and reſpecting the event of it I have not the ſmalleſt apprehenſion.

Of the two others, I am ſomewhat doubtful in my opinion. From the tinea having before yielded, there is ground for a favourable judgment; yet it is an affection not unfrequently admitting of a temporary cure. And, as was the caſe when it formerly diſappeared, it may again, without any obvious cauſe, return, ſhould we at preſent be able to remove it. But, there is ſtill greater reaſon to be afraid of the obſtinacy of the deafneſs; for, ſince its firſt commencement, it has ſuffered no obvious remiſſion; and, at the ſame time, no manifeſt diſeaſe in the ear can be diſcovered.

In the treatment of this caſe, different objects are to be had in view. As I have already obſerved, what I reckoned to be the principal object of attention, was the diſeaſe of the head, or the tinea. And it was, at the ſame time, that part of the complaint, in the treatment of which I expected to be moſt ſucceſsful, although I look upon it to be, in every inſtance, an obſtinate affection. While I ſay this, I am, at the ſame time, convinced, that if patients will ſubmit to the remedy, there is one by which they may, in by much

much the greateſt number of inſtances, be cured. And in this way, a cure is frequently effected by an old woman in the neighbourhood of Edinburgh, and by many others, in different parts of the kingdom.

The principle upon which her remedy acts, which is by no means an uncommon one with other practitioners in the ſame ſtile, is very obvious. There is little doubt, that tinea is one of thoſe cutaneous affections, which is to be conſidered as a diſeaſe of the roots of the hair. We may, therefore, look for a radical cure on one of two grounds, either by removing the diſeaſed parts, or by deſtroying them. It is on the firſt of theſe principles that the practice to which we now allude proceeds. The practice is the application of a pitch plaſter to the head, which is allowed to remain ſo long as to be firmly impacted in the hair, and then it cannot be removed without entirely pulling theſe along with it. On ſuch removal, the cure from this practice ſolely depends. Yet, although it be an effectual cure, it muſt be allowed it is a very ſevere one, and it is indeed ſo cruel, that few regular practitioners will, I believe, be found to venture upon it. It is on this account, therefore, that, in the preſent caſe, I

have

have chosen rather to direct my endeavours to the destruction of the morbid parts, and, with this view, had recourse to corrosive sublimate, a medicine, the effects of which, as a peculiar stimulus on topical application, is unquestionably very great; and, in other instances of the tinea, I have seen it attended with the best effects. With the present patient, however, I cannot say that its effects have been such as I expected. At the same time, it has been followed by evident good consequences, at least, to a certain extent; and although it did not entirely remove, has, at least, diminished the affection. Probably also it aided not a little the medicine which was afterwards employed: For I found it inconvenient, in the present case, to continue the application of the corrosive so long as I proposed, as it was, in some respects, productive of more than was intended. From being firmly impacted in the hair, it was likely to operate in the same way as a pitch plaster. This led me to substitute to corrosive the use of the verdigrise. This application also is not uncommonly employed in the present complaint. From the use of this I obtained a much greater effect than I expected. For, in a week after this unction was begun, I found the

head

head as free from ſcabby eruptions as if it had never been in ſuch a diſeaſed ſtate. I would not, however, entirely aſcribe this to the verdegriſe; and, I am perſuaded, that the good effect reſulting from it was the more remarkable, in conſequence of the previous application of the corroſive. But, whether from one or other, or from both of theſe medicines, we have obtained, if not a permanent, at leaſt, a temporary removal of this affection. And, while the patient is in the preſent ſtate, the next object of cure is the deafneſs.

Here, I muſt own, I am ſomewhat at a loſs on what principle I am to proceed. Chiefly, as I am in great doubt reſpecting the cauſe of the deafneſs. In the greater number of caſes, however, we may conſider deafneſs as ariſing from one or two ſources; either from the want of free communication for an impreſſion on the extremities of the auditory nerves, or the want of due ſenſibility in the nerves when impreſſed. How far either one or other may have any concern in the preſent caſe, I am at a loſs to ſay. Or, if the communication be obſtructed, I am entirely ignorant from what particular cauſe it ariſes. I muſt own, therefore, that any trials which I ſhall make with a view to the cure are, in a great meaſure, random ones.

When we consider that this affection succeeded the cure of the former eruption, there is some presumption that it may have been the effect of a change of circulation. Hence there is, at least, one chance of restoration by another change of balance. With this view, therefore, I meant to try the effect of supporting, for some time, a running from the neck. To this measure I was the rather induced, as I expected from it some good effects, as preventing a return of the eruption. It will not only be a drain from the neighbourhood of parts formerly affected, but also produce a change of determination in the circulation on the surface of the head. This, therefore, I considered, at least, as a reasonable trial. If, however, I shall find it ineffectual, I must have recourse to other trials. And, with this view, I mean first to pay attention to the state of communication for impression.

There are few measures, perhaps, more effectual for removing obstructions in the passage to the auditory organs, than syringing with warm water. And it has farther the advantage of being no improper method of augmenting secretion, when diminished; and thus giving a proper condition to the parts fitted for the communication

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of ſound. If it be in this way inſufficient, other meaſures may be tried. Recourſe may be had to the ſtimulus, which is given by camphorated oil introduced into the ear from being dropped on cotton. Where a ſtimulus is neceſſary, I have been informed, that there is often a good effect from Burgundy pitch, introduced into the meatus auditorius, when formed into ſuch a ſhape as to be readily put into it. But, in order to prevent its attachment to the meatus auditorius, it muſt be properly covered with a bit of gauze. This, I am told, was frequently done by an empyric, ſome time ago in this city, who confined his practice entirely to the cure of deafneſs, and who is ſaid to have ſucceeded with this ſimple remedy where regular practitioners had failed.

I muſt, however, obſerve, that I ſpeak of this remedy only on the report of others; yet, I cannot help thinking, that it is one which, in ſome caſes, may be productive of inconvenience. For, notwithſtanding the covering with gauze, ſhould the pitch melt in the ear, it may give much uneaſineſs. And it is to be remarked, that the pix Búrgundica is one of thoſe articles in the Materia Medica, which is very frequently adulterated. Indeed, the hiſtory of the

preparation

preparation of it, as brought from Saxony, where this article is prepared, is not well aſcertained. Some imagine that it is nothing elſe but common turpentine boiled up. But, whatever may be the original compoſition or preparation of it in that country, there is no doubt that there are ſome in the habit of making it in Britain, from a mixture of turpentine, with a proportion of roſin. From this circumſtance, probably, we are to account for its having very different degrees of conſiſtency; and, according as its conſiſtence is more or leſs firm, it is more or leſs apt to melt. Unleſs, therefore, there be reaſon to preſume, that it is productive of good effects, in another manner than from its operating as a ſtimulus, I ſhould rather be diſpoſed to try ſome other practice. As a ſtimulant, I ſhould expect more from camphorated oil.

Perhaps we may conſider the introduction of garlic into the ear as being, in this way, more powerful than either of theſe articles. The ſmall bulbs of the root of garlic, or cloves, as they are called, are frequently employed in this manner as a cure for deafneſs, by the common people of this country. And ſhould the trial, which we have already propoſed, fail of producing the deſired effect, I mean rather to try this than the pix

Burgundica,

Burgundica. Beſides altering the ſtate of ſecretion, there is alſo reaſon to expect ſome effect from it, as altering the ſenſibility of the nerves. For, on the want of due ſenſibility, as we have already hinted, rather than on the ſtate of the paſſage the affection may depend. And it is with this view, that, before diſmiſſing the patient, I have thoughts of trying, for the cure of her deafneſs, the effect of electricity. If all theſe means prove abortive, I ſhall, I own, have but little expectation of obtaining a cure. And, however diſtreſſing this diſeaſe may be, it is an affection which, in many inſtances, is neither to be cured nor alleviated.

Of the treatment neceſſary for the ſwelling of the belly, and the vomiting, I ſay nothing; for I apprehend they will require little elſe than the regulation of diet. In this manner, then, I have given ſome view of the treatment already proſecuted, and hereafter intended, with the preſent patient. Yet it is not impoſſible, that, from the recurrence of former ſymptoms, or from freſh appearances, I ſhall be obliged, in different particulars, to alter the plan here propoſed.

Sequel.

Sequel.

This patient, during her farther continuance at the Diſpenſary, continued entirely free from any return of the tinea capitis. And as, from the employment of the iſſue, conjoined with the camphorated oil, her deafneſs was conſiderably relieved, no farther trials were thought neceſſary for that affection.

CASE XIIII.

Obſervations on a Caſe in which were Anomalous Symptoms, ariſing from an Intermittent Fever, treated by the Peruvian Bark.

D—— M——, a man aged twenty-nine, by occupation a chair-man, admitted Feb. 7. complains of obtuſe pain, and frequently alſo of coldneſs in the ſmall of his back. It is, in general, attended with ſhivering. From the ſmall of his back the pain ſometimes extends acroſs the lower part of the abdomen, and occaſions, as he ſays, a temporary ſwelling there, during which his reſpiration

tion is conſiderably affected. At other times the pain aſcends along the courſe of the ſpine, and affects the muſcles of his neck, to ſuch a degree as to prevent him from moving his head. It affects alſo his jaws, face, and gums. In the laſt of theſe it occaſions a tranſitory ſoreneſs, and has looſened ſome of his teeth.

His pulſe is natural, his appetite is unimpared, and his belly looſe. His urine is ſometimes pale and limpid, at other times of a very high colour.

Twelve weeks ago, in coming from the harveſt in England, he was attacked with a pain in the abdomen, attended with vomiting and purging. To theſe ſucceeded the pains of which he has ever ſince complained, and by which he is now rendered very weak. He imputes his complaints to fatigue in coming home. He has taken many medicines without any relief.

℞. *Elixir guajacini volatilis,*
Syrupi ſimplicis, ſingulorum drachmas tres. M. Fiat hauſtus hora ſomni ſumendus. Repetatur omni nocte.

February 15. The draughts have gently opened his belly, but have produced no ſweat. His pains are rather increaſed, and he has been much affected,

affected, ſince four o'clock in the morning, with the ſhivering and coldneſs, which he now thinks returns with increaſed ſeverity every ſecond day. *Intermittatur medicamentum, ſed capiat hora ſeptima veſpertina Pulveris Ipecacuanhae ſcrupulum unum pro emetico; et*

℞ *Calcis zinci grana tria.*

Pulveris valerianae ſylveſtris ſemidrachmam. M. Fiat pulvis ſumendus ter quotidie.

February 22. The vomit operated well, and the powders gave no uneaſineſs. But he is ſtill affected with the ſhivering and coldneſs returning every ſecond day. And he obſerves, that it is particularly ſevere when the wind is from the eaſt. He ſtill continues to be frequently affected with the pains, and with returns of the ſwelling of his abdomen as formerly. Belly natural; pulſe 94.

Repetatur emeticum hora ſeptima veſpertina. Continuetur calx zinci, ſed conſtent ſingulae doſes ex granis quinque.

March 1. The vomit operated well, and he has continued the powders regularly. The pains with which he was at firſt affected are now much eaſier. But, for ſeveral days paſt, he has been attacked regularly every evening at ſeven o'clock with

with a ſhivering fit, and has afterwards ſweated profuſely during the night. Pulſe 84; belly regular. *Capiat, hora quarta pomeridiana, pulveris ipecacuanhae ſcrupulum. Cras mane capiat alternis horis pulveris corticis Peruviani ſcrupulos duos.*

March 8. The vomit operated well, and he has taken the Peruvian bark regularly. He has had no return of ſhivering for theſe four days paſt, and his pains are conſiderably eaſier. But he is ſtill at times affected with ſome degree of ſwelling. Pulſe 80; belly regular. *Continuetur cortex Peruvianus, ſed capiat tantummodo ſemidrachmam veſperi et mane.*

March 15. He continues much eaſier, and has had no return of any ſhivering fit. *Continuetur cortex Peruvianus.*

March 22. Continues free from any return of the ſhivering fits. And he is now affected with none of his other complaints, except ſome ſlight remains of ſwelling about his face and gums. Let him be diſmiſſed.

Observations delivered April 5.

The case of this patient, in no very long time, terminated favourably in our hands. I must, however, own, that I should not have been disposed to give such an opinion when he came first under our care. On considering the case of this patient, I was disposed to look upon it as a singular affection; and I acknowledge, that I so far mistook the nature of it, as to treat it at first in a manner which I would not have done, had I properly understood it. In the very accurate history of this patient's complaints introduced into the register, you will find a collection of symptoms somewhat anomalous. The chief complaints, however, were pains, attended with swellings. But both the one and the other were, in their nature, transitory; and, beginning at a particular part of the body, they were propagated from thence in different directions. They occasioned, at the same time, temporary affections of different functions, particularly respiration. Many remained unaffected. The appetite was unimpaired, and the pulse natural. These complaints were referred by the patient to a particular cause, viz. the influence of fatigue from

from walking. From this view of the complaints, I was chiefly doubtful in opinion, whether I ought to conſider it as a rheumatic or a nervous affection. In the ſymptoms now deſcribed, it will not be refuſed that there is ſome reſemblance to both. The temporary ſwellings were rather in favour of the ſuppoſition of rheumatiſm; yet, in the attack and progreſs of the paroxyſm, it had more reſemblance to a nervous affection. And this ſuppoſition was, in ſome meaſure, corroborated by the affection of motion produced. For, during the attacks, at leaſt after the pain had made a certain progreſs, he was unable to move his head.

On theſe ſuppoſitions, the treatment of this caſe was at firſt begun. I had ſoon, however, reaſon to ſuſpect, that neither the one nor the other ſuppoſition which I have now mentioned, was well founded; and the patient's diſeaſe put on an appearance which led to a different conjecture. He was attacked with his complaints more regularly at a determined hour; and the ſhivering at each attack, which had been obſerved even from the commencement, became more ſevere. From this circumſtance, I was firſt led to think that it might be an anomalous intermittent. And this conjecture is

ſince,

ſince, I apprehend, in a great meaſure verified by the method of cure which has proved ſucceſsful. Perhaps few diſeaſes, with reſpect to their appearance, are ſubject to greater varieties than intermittent fevers. Of this ſufficient proof may be had from conſulting the elaborate work of Mr Sauvages. You will there obſerve under how many different forms all the types of intermittents have been concealed. Such a ſuppoſition is further corroborated by another circumſtance in the caſe. For it is to be obſerved, that there is here a probable cauſe which might have produced an intermittent. The patient, indeed, himſelf, aſcribed the diſeaſe to fatigue. But immediately before the commencement of the diſeaſe, he had paſſed the harveſt in Lincolnſhire. The people in this country are much in the practice of hiring themſelves for the harveſt-work in Lincolnſhire, and other fenny counties, from whence they often bring back intermittents. And to theſe they are expoſed, both from the marſhy ſtate of the country, and the ſeaſon of the year. I conſidered it, therefore, as equally probable, that the diſeaſe had its origin there, as from the fatigue of walking home. Perhaps I may add, this is ſtill further corroborated by the method

method of attack. It began with vomiting and purging, a circumſtance by no means unfrequent at the commencement of fevers of the intermittent kind. I muſt own, however, even after adopting this opinion, I ſhould have been very doubtful as to the prognoſis; and, at no period of the affection, did I look, with any confidence, for ſucceſs. Even on the ſuppoſition of an intermittent, I ſuſpected that the complaint would be tedious. I ſuſpected this would be ſtill more the caſe, if it ſhould turn out to be a nervous affection. And the opinion of its being a rheumatic complaint, was of the three the leaſt probable. With reſpect to the termination, however, I was happily diſappointed; for, from the practice adopted in intermittents, the patient ſoon recovered.

I muſt, however, obſerve, that, even yet, there is no abſolute ſecurity as to the cure; for, during the ſpring ſeaſon in particular, intermittents are apt to recur. But, ſhould the patient again apply to us, from ſuffering a relapſe, we need not be alarmed. For, after the diſeaſe has yielded ſo eaſily already, we may entertain hopes, in future, that it will not prove obſtinate. And, at any rate, ſpring-intermittents, if the ſymptoms are moderate, are by no means dangerous affections;

tions; and, for the moſt part, as the ſeaſon advances, they diſappear, even without medical aid.

Our practice with this patient was, at different times, conducted on very different plans, which was ſolely the effect of uncertainty, and, I muſt even acknowledge, of miſtakes, with regard to the nature of the diſeaſe. On the ſuppoſition of rheumatiſm, I began the patient with the uſe of the elixir of guiacum, a remedy of which I have had, oftener than once, occaſion to ſpeak, and from which, in ſome inſtances of that affection, I have ſeen the beſt conſequences. On the complaints, however, of the preſent patient, it had no effect; and, at the ſame time, the acceſſion became more regular. This led me to the opinion of the affection being of a nervous kind, and, imagining that the pains might be the effect of periodical ſpaſm, I had recourſe to the calx of zinc. That we might be more certain of its action, I premiſed to its uſe the employment of an emetic. Theſe medicines, however, were not attended with any better effect. And, at length, the regularity of the fits continuing with increaſing ſhivering, I was led to the opinion of its being an anomalous intermittent. On this ſuppoſition, I reſolved on the trial of the common cure, the

Peruvian

Peruvian bark. Even ſuppoſing the affection to be of the nervous kind, I was of opinion that it would not be productive of any bad effect; and, if it was an intermittent, I had good ground to hope for a cure. The event, as I have already obſerved, verified the conjecture; and the patient, from the uſe of it, was ſoon freed from all his ſymptoms. I did not, however, reckon it prudent immediately to intermit the uſe of the bark. For, by this means, ſuch fevers are frequently ſuffered to relapſe, when it would not otherwiſe be the caſe. I continued him, therefore, the uſe of it for ſome time after the ſymptoms were, in a great meaſure, ended; yet I gave him only a doſe every morning and evening. During all this time, there was no ſymptom of a relapſe. I reckoned it, therefore, unneceſſary that he ſhould continue attendance any longer. And, as I have not ſince heard of him, I preſume he continues in perfect health.

Sequel.

This patient continued free from all the ſymptoms with which he had been affected, and returned to his uſual employment of a chairman, in the exerciſe of which he ſtill continues.

CASE

CASE XIV.

Obſervations on a Caſe of Dyſphagia, cured by the uſe of Electricity.

J—— W——, a married woman, in the thirty-firſt year of her age, admitted February 14. 1777, complains of difficult and painful deglutition, eſpecially on attempting to ſwallow any ſolid aliment. This occaſions ſo much uneaſineſs, that, for theſe ſix months paſt, ſhe has not eat any thing, but has lived entirely upon food in a fluid ſtate, which ſhe can ſwallow without much inconvenience. Upon inſpecting the fauces, nothing can be ſeen. But ſhe thinks that ſhe can feel two ſmall veſications or ulcerated ſores at the root of her tongue. Her pulſe and belly are natural, and her menſes regular.

She was firſt affected with this complaint about twelve months ago, without any evident cauſe. Not long after it firſt began, a tumour appeared in her throat, which ſuppurated, and ſoon again diſappeared. Since that time ſhe has been

been affected with ſimilar tumours, which have always gone off without coming to ſuppuration. She has taken mercury to a very conſiderable extent; and likewiſe many other medicines, with the nature of which ſhe is unacquainted. But ſhe has derived no benefit from any of them.

Eliciantur ſcintillae electricae e faucibus externis ter in ſeptimana, et capiat omni nocte Tincturae Fuliginis drachmas duas hora decubantis.

February 22. She has ſome ſickneſs at ſtomach, from the tinctura fuliginis. She has been thrice electrified ſince the 15th; and ſhe thinks that ſhe can now ſwallow with more eaſe; but ſhe ſtill complains of conſtant pain in her throat.

Intermittatur Tinctura Fuliginis, continuetur electricitas, ut antea.

March 1. The electricity has been regularly continued. She ſtill complains of the pain in her throat. But ſhe now ſwallows ſolid food with much more eaſe than ſhe has done for theſe ſix months paſt. She now complains much of uneaſineſs and ſwelling at her ſtomach, from wind, which returns every day about noon.

Continuetur electricitas. Et

℞ *Tincturae aromaticae unciam unam.*

Aquae Menthae Piperitidis uncias quatuor. M.

Capiat ſemunciam quotidie hora undecima matutina.

March 8. She ſtill continues to ſwallow with much more facility than formerly; and her ſtomach complaints have been conſiderably eaſier ſince ſhe began to uſe the mixture; but ſhe is ſtill much affected with the pain in her throat. *Continuentur medicamenta.*

March 15. She is now free from her ſtomach complaints, and ſhe ſwallows ſolid food with very little difficulty. But ſhe ſtill complains of ſome fixed pain, which is now chiefly confined to the left ſide of her neck.

Intermittatur miſtura. Continuetur electricitas, et illinatur oleum camphoratum parti dolenti cervicis, omni mane et veſpere.

March 29. She did not get the camphorated oil, as was ordered; and, as ſhe has been for ſome time in the country, the electricity has been omitted. She has now no difficulty in ſwallowing. But ſhe ſtill complains ſomewhat of the fixed pain in her throat.

Intermittatur electricitas; ſed utatur oleo camphorato.

Obſer-

Obſervations delivered April 12.

The diſeaſe of this patient, both in its nature and appearance, is very peculiar. The affection conſiſts of one ſymptom only, difficult deglutition. This is well known to occur as a ſymptom in various diſeaſes; and it is in particular often obſerved in cynanche.

But, beſides this, it is conſidered in moſt noſological ſyſtems as conſtituting a particular genus of diſeaſe by itſelf. In the ſyſtem of Mr Linnaeus, it is termed Aglutitio; in that of Vogel, Oeſophagiſmus. But, of all others, the moſt minute and accurate account of it, is under the article of Dyſphagia, by Sauvage. To this genus he has referred no leſs than nineteen different ſpecies; all of them inſtances in which difficult deglutition aroſe from different cauſes. Yet the deſcription of none of them, by any means, correſponds to that in the caſe now before us. Of theſe, ſome, as the paralytica, afford examples of its proceeding from want of the moving power. Others, as ſpaſmodica, from the effect of ſtricture occurring in the effort to ſwallow; and all the others ariſe from ſome particular local affection about the pharynx or oeſophagus. He has mentioned no one,

one, however, which was the mere effect of pain in the action of swallowing, without any obvious cause; and that, too, where the pain was so situated, that, if there was any local affection, it must necessarily have been visible. As far, however, as our observation went, no obvious affection could here be discovered. The patient herself, indeed, alledged, that she had a feeling in her throat resembling that which might be supposed to arise from a vesication: And a gentleman, who had occasion to treat this patient before she came under our care, thought, that, at one time, he could discover something of this kind. Yet, although such might then have existed, I can have little doubt that they had disappeared before she came under our care.

At the time, therefore, when we began the treatment of this patient's case, we are to consider her as subject to difficult deglutition, not from obstruction, but from pain; and that pain, too, arising from parts which were visible on inspecting the fauces, and seemed to be affected with no apparent disease. I have never before had occasion to treat any case where the symptoms were similar to the present. And here, I apprehend, there is no room for entertaining any suspicion as to the reality of the affection.

tion. The patient could have no object, either in deceiving us, or those under whose care she had been, before we treated her; and she shewed no indication of that state of mind which would lead her to deceive herself. Besides this, previous to her coming under our care, she had been subject to diseases of the throat, in which, on different occasions, the symptoms were obvious. These are described in the history before us, according to the account given by the patient herself. I may now, however, add, that, in the former sore throats, there was something which she did not mention to the gentlemen who drew up the history. Although she be a woman of a decent appearance, yet her former sore throats were venereal. It was on this account that she had taken the mercury mentioned in the history; which, although it healed the ulcerations in the throat, had no effect in removing the particular pain on deglutition.

As to the cause of the present disease, then, I have little doubt that it derived its origin from a venereal infection, and from that, too, as inducing a venereal sore throat. Yet I reckon it to be a matter of very great uncertainty, how far it could properly be considered as a venereal symptom,

tom, when we began the treatment of this case; that is, how far it could be viewed, as depending on the venereal virus. I must own, that, as it had already resisted mercury, and, as there were no obvious appearances, I was inclined to consider it in a different light. From the circumstance of the patient being able to swallow liquids and not solids, it is evident that the pain was not given by the effort to swallow; for, with a bolus of a proper size, there is the least effort required. And it is not unfrequent in the angina, that patients have more pain in swallowing spittle than solid food; although there are certain states of the inflamed parts, in which the pain must arise from the touch of any solid; and then, probably, from the augmented sensibility of the nerves, in consequence of their being put upon the stretch.

I considered the present case, then, although of a different nature, yet to be, in some measure, analogous to this. I viewed it as an instance of an increased sensibility of the pharynx, from a peculiar state of the extremity of the nerves; and I considered this state of the nerves to have arisen there from the venereal affection to which these parts had formerly been subject. This, then, is

my

my idea of the nature of the diſeaſe. Were I to give a name to it, I could only refer it to the dyſphagia of Mr Sauvage. And, to the different ſpecies which he has enumerated, I would add another under the title of Dyſphagia Doloroſa. But, how far either the name is proper, or the conjecture well founded, may, perhaps, with many of you, be matter of doubt. I am far from alledging, that the ſuppoſition now ſuggeſted is founded on any certain, or even very probable grounds. I am ſenſible, that it is not only liable to many difficulties, but that there are other ſuppoſitions on which the phaenomena might be explained. Yet, after attentively conſidering the caſe, I was led to adopt the preſent, as what ſeemed to me leaſt improbable. And I cannot help thinking, that, by the effects of the treatment, and the termination which it already ſeems to have had, the conjecture has been in ſome meaſure verified. While, at the ſame time, nothing occurred during the courſe of the diſeaſe, to lead me to alter this opinion.

I muſt own, that, when the patient came under our care, I was very doubtful as to the termination of this caſe. I was, however, by no means, diſpoſed to form a favourable judgment; for, ſuppoſing

ſuppoſing the conjecture well founded, no affections are more varied, as to their termination, than thoſe of the nervous kind; they will ſometimes yield in the moſt unexpected manner; and, at other times, will remain obſtinately fixed without alteration, while even the moſt powerful medicines have been employed. When, therefore, it had already continued ſo long, I did not, I own, look for any ſudden change for the better; and, I imagined, if that ſuch a change did happen, it would be from the diſeaſe turning out to be of a different nature from what I expected. But, without that being the caſe, it has now, I hope, had a termination, and that, too, more favourable than I looked for. I would not, however, poſitively aſſert, that this patient is already radically cured. Yet, from the recovery being ſomewhat gradual, I cannot help thinking, that there is a better chance of its being permanent. And, at the ſame time, I muſt own, that I am diſpoſed to aſcribe it to the treatment to which our patient was here ſubjected.

Concerning the plan of cure to be followed in this caſe, I was no leſs uncertain, than with regard to the prognoſis. Yet, I reſolved to try ſomething on the idea already ſuggeſted, reſpecting the

nature

nature of the diſeaſe. It will, perhaps, ſeem ſtrange, that, with this view, I ſhould have had recourſe to electricity, a remedy well known to be of ſingular utility as augmenting ſenſibility. From this it might be concluded very ill adapted to a caſe in which I ſuppoſed the ſenſibility already morbidly increaſed. I have, however, already oftener than once obſerved, that I conſider the power of electricity as a medicine to be as yet neither thoroughly underſtood nor properly explained. For my own part, as far as I have been able to diſcover the action of electricity, I am perſuaded, that it is not more uſeful in augmenting nervous energy where it is deficient, than in reſtoring to a natural condition, when it is morbidly affected in other reſpects. In what manner it produces ſuch a change, I cannot pretend to ſay, at leaſt, with any degree of confidence. On this ſubject, however, I have ſometimes indulged myſelf in conjectures; and theſe I ſhall not ſcruple to ſubmit to your conſideration. I conſider morbid ſenſibility as depending on one of two circumſtances; on the ſtate of the ſentient extremities of the nerves, or on the condition of the nervous fluid. I cannot help thinking, that electricity may have ſome influence on both. It will affect the ſtate of the extremities,

in as far as it acts as a ſtimulus to moving fibres. It will affect the ſtate of the nervous fluid, as every ſtimulus, applied to the extremity of the nerves, muſt communicate its effects to the origin. And, by this means, it may alter the ſtate of action in the brain in general, or, at leaſt, in that part of the brain furniſhing ſecreted fluid to the nerves morbidly affected. For, I am diſpoſed to think, that the brain is to be conſidered not as one ſecreting organ, but as a collection of ſecreting organs. And that the fluid ſeparated at one time, which is conveyed into different nerves, may not poſſeſs the ſame general properties.

It was in expectation of ſuch effects that I thought of employing it with the preſent patient. When I firſt directed it, however, I had ſome idea that the pain might alſo, in ſome meaſure, depend on a ſpaſmodic affection; and it was on this account, that, as an antiſpaſmodic, I ordered the tinctura fuliginis. But, from the pain being to ſome degree conſtant, and from the patient not complaining of any particular ſenſe of ſtricture, I was, at laſt, led to drop this opinion; and, as the tinctura fuliginis occaſioned ſickneſs at ſtomach, I omitted it, employing the electricity alone. Here it may be proper to obſerve, that I employed electricity

lectricity in the way of ſparks only, as it is in this manner that it exerts, principally, its action on the extremity of the nerves, and this was the effect chiefly wanted in the preſent caſe. Even the firſt trials ſeemed to produce ſome good effect; and, from continuing it for the ſpace of a fortnight only, ſhe ſwallowed eaſier than ſhe had done for ſix months before. She became, however, at this time, affected with periodical complaints, from wind in her ſtomach. This, however, I conſidered as merely an accidental circumſtance, and unconnected with the diſeaſe already mentioned. Yet, I thought proper to order for this complaint a mixture of the tinctura aromatica, with peppermint-water, which, in a ſhort time was attended with the deſired effect; and, by the continuance of the electricity, the patient is now entirely free from any difficulty in ſwallowing, inſomuch that I have not thought it neceſſary to continue it any longer. As, however, ſhe ſtill complains of ſome fixed pain, I have ordered friction of the parts, externally, with camphorated oil, which, I hope, may ſoon remove it. But, as this patient lives at a conſiderable diſtance, and is now gone to her own habitation, it is doubtful, whether we ſhall, after this, hear much

much with regard to her. This, probably, will only happen if there be a return of the affection. And, if I hear nothing to the contrary, I think, I may infer, that she continues in health.

Sequel.

This patient, after returning to her husband's house, which was at the distance of several miles from Edinburgh, continued for a short time the friction with the camphorated oil. The fixed pain gradually went off, and she had no occasion to use any other medicine.

CASE XVI.

Observations on a Case of Paralysis, treated by Electricity.

W—— S——, a boy aged six, admitted February 18. 1777, is affected with almost the total loss of the power of motion of his right hand. His right leg is also much affected, in a similar manner. The hand and foot are somewhat

somewhat incurvated; but the sensation of the parts affected is not much diminished. His pulse is natural, his belly rather bound, and his appetite somewhat impaired.

He has laboured under these paralytic symptoms for near five years past. He was, at that time, affected with small pox, and soon after with the chincough and measles. These diseases were very severe; and to these succeeded the present affection, which has continued, with very little variation, ever since.

For the removal of the present complaint he has used no medicines.

Accipiat, ter in septimana, ictus electricos quatuor ad gradum secundum, et eliciantur scintillae electricae e latere dextro.

March 1. The electricity has been regularly continued, and he moves both his leg and arm with greater ease since it was begun. And his mother thinks that the affected arm is now somewhat more plump and full than it was before the electrical sparks were drawn from it.

Continuetur electricitas, sed accipiat singulis vicibus ictus electricos sex ad gradum tertium.

March 8. He now moves his arm with much greater facility than formerly. *Continuetur electricitas,*

tricitas, et accipiat ictus octo ad gradum tertium singulis vicibus.

March 15. He continues to recover, gradually, the power both of his arm and leg. *Continuetur electricitas, et accipiat ictus duodecim ad gradum tertium.*

March 22. Continues daily to gain more power of motion in his arm. And he walks both with much greater eaſe and firmneſs than before. *Continuetur electricitas, et accipiat ictus quindecem ad gradum tertium.*

March 29. Continues to recover. *Continuetur electricitas, ut antea.*

April 5. Continues to recover. *Continuetur electricitas.*

April 12. Continues to recover both ſtrength and motion in the affected ſide, and feels no inconvenience from the electricity. *Continuetur, et accipiat ſingulis vicibus ictus quindecem ad gradum quartum.*

Obſervations delivered April 19.

The caſe of this patient affords us an evident example of a diſeaſe with regard to which there is no room for doubt. In the affection

tion to which this patient is ſubjected, we have an evident inſtance of paralyſis. With this patient the power of motion merely is diminiſhed, and the ſenſibility very little affected; while, at the ſame time, the circulation is, in a great meaſure, in its natural ſtate in the affected part; and theſe parts are very little, if in any perceptible degree, waſted. At the ſame time, however, the extent of the diſeaſe is by no means inconſiderable. For here, both the leg and arm of the right ſide are affected to an equal degree; and, as this loſs of motion is not accompanied with a want of ſenſibility, which is the only thing that could ſhew evidently an affection of the other parts of the ſide, we may conclude that the diſeaſe extends to the other parts alſo, and that the paralyſis is really what may be called Hemiplegia.

By ſome, hemiplegia is conſidered as a genus of diſeaſe by itſelf. But, if the term is at all to be uſed, it may, I apprehend, with greater propriety, be employed for diſtinguiſhing a particular ſpecies only of palſy.

In the preſent caſe you will readily conclude, that, both for giving a prognoſis, and for conducting the practice, ſeveral queſtions are ſuggeſted. And one of the firſt and principal in the preſent inſtance

inſtance is, whether the loſs of motion proceeds from an alteration of the condition of the medium which conducts ſenſe and motion, or of the channels by which that medium is conveyed? On the ſuppoſition that the latter is the caſe, it is to be conſidered, whether it depends on eroſion, compreſſion, or any other cauſe? And, ſuppoſing compreſſion to be the cauſe of the ſymptoms, whether that compreſſion be at any part in the courſe of the nerves, or at their origin? My conjecture reſpecting the preſent caſe is, that the cauſe is of a complicated nature. Here the diſeaſe ſeems evidently to have derived its origin from a long continued ſucceſſion of preceding affections. This patient was attacked with the ſmall-pox, meaſles, and chincough, ſucceeding each other at very ſhort intervals; and by theſe he was left in the preſent ſituation. Probably, this ſtate has been rather occaſioned by their having given riſe to compreſſion, than by any other means. That this compreſſion, however, does not act on the nerves, in their courſe, is ſufficiently proved from the extent of the diſeaſe. It would ſeem, that the operation is confined to one hemiſphere of the brain. And there, probably, it acts as altering the ſtate of ſecretion by that hemiſphere;

hemiſphere; or, in other words, giving a condition of action of that hemiſphere, furniſhing a nervous fluid with leſs than the natural degree of mobility.

This conjecture, with regard to the cauſe of the paralyſis, in the preſent inſtance, would not lead us to a favourable prognoſis, eſpecially when, with a patient, at a period of life when the conſtitution is ſubjected to ſo many changes, it has already ſubſiſted for ſeveral years. By natural means, however, the compreſſion, if it do exiſt, may yet be removed. And, if this be effected from a reſtoration of a due action of the brain, the diſeaſe may be compleatly cured. But, even without this, by artificial means, it may yet admit of being alleviated. And, it is with ſuch a view, that I have put the preſent patient in the uſe of electricity. For I imagine that, although the cauſe of the complaint remain, yet the action of the brain may be ſo far altered, as to give, at leaſt, a greater degree of mobility to the nervous fluid than it has at preſent. And this I wiſh to effect, both by ſhocks acting upon the ſyſtem in general, and by ſparks drawn from the affected parts giving a peculiar ſtimulus to the extremity of the nerves, and from thence to be communicated to their origin.

Our patient has now continued electricity for some time, and it has unquestionably been so far productive of good effects. The arm has even, in some measure, changed its external appearance. It is somewhat more plump and full than formerly, and with this, has recovered a considerable degree of motion. I may, however, observe, that the motion is as yet by no means compleatly recovered, and that the progress was greater at first than it has been for some time past.

Notwithstanding what has been done, therefore, there is some reason to fear that the present is one of those instances where, although, from the first appearances there were flattering hopes, yet the electricity will not be sufficient entirely to remove the disease. I cannot help thinking, that this, in some measure, corroborates my conjecture respecting the compression of the brain being the original cause; for such compression electricity cannot readily remove. And, while this compression remains, although the action of the hemisphere of the brain affected may be, in a great measure, yet it cannot be entirely restored. If, however, he continue to attend regularly, I shall yet be disposed to use this remedy for some length

of

of time, and that, too, without any other mode of cure being conjoined with it, principally, that I may ſee what can be done in this caſe by electricity alone. If, however, I find, that it makes no farther progreſs, I have next thoughts of recommending an iſſue in the neck, by which there is ſome chance at leaſt of removing ſerous compreſſion from the brain. And, indeed, if the compreſſion be of any other kind, we can hardly now expect a removal of it. The preſent is alſo a caſe where ſomething may be expected from ſternutatories. But, I conſider the patient as at too early a period of life for a trial of any ſtrong medicines of this kind. And the ſame circumſtance is alſo an objection to a mercurial courſe. In caſe of the failure of the means already ſuggeſted, then I ſhall probably diſmiſs this patient, recommending it to him to make trial of other remedies when he is better able to bear them.

Sequel.

The electricity was continued for a few weeks longer, and the patient was then diſmiſſed, without any other medicine being uſed. His complaints were not entirely gone, but very conſiderably relieved.

CASE

CASE XVII.

Obſervations on a Caſe of Diarrhoea, attended with bloody Stools, treated by different Aſtringents.

M—— L—— a woman aged fifty, admitted March 7. 1777, is affected with frequent dejections of foeculent matter in a diluted ſtate. The ſtools are ſometimes ſtreaked with blood, and attended with pain in her bowels. She alſo complains of teneſmus and flatulency; and ſhe is frequently affected with headach. When ſhe uſes vegetables in food, ſhe obſerves, that, for the moſt part, they are diſcharged undigeſted. Her pulſe is natural, and her appetite unimpaired; but ſhe is affected with thirſt, particularly during the night; and her ſkin feels more dry than natural. Her tongue, however, is moiſt. She has had no menſtrual diſcharge for theſe ſix years paſt.

Her preſent complaints began about nine months ago, and ſhe imputes them to cold. She has

has taken many medicines, but she has derived very little relief from them.

℞ *Infusi Japonici uncias sex.*
Laudani Liquidi guttas quadraginta.
Syrupi simplicis unciam unam. M. Capiat unciam unam omni nocte hora somni, nec non capiat omni mane Decocti Campechensis uncias quatuor.

March 22. Has taken her medicines regularly, from which she feels no uneasiness at stomach. Her stools are now less frequent, and she is less affected with tenesmus than formerly. The matter discharged does not now contain any mixture of blood; but she still discharges much slime. *Continuentur medicamenta.*

April 5. She has taken no medicines for these eight days past, and her looseness is now as frequent as it was before. There is a very great discharge of slimy matter, but no blood. Her pulse is about eighty in the minute, but with frequent intermissions, which, however, do not occur regularly. She is affected with much thirst; and, although her tongue be clean, yet it is more dry than formerly.

Intermittatur Decoctum Campechense. Continuetur Infusum Japonicum, ut antea. Et

℞ *Pulveris*

℞ *Pulveris Rhei ſcrupulum unum*
Magneſiae Albae ſemidrachmam. M. Capiat doſin hora octava matutina, alternis diebus.

April 12. She has ſtill frequent looſe ſtools, but ſhe has diſcharged almoſt no ſlime ſince ſhe began the powders. And ſhe is in other reſpects eaſier. *Continuentur medicamenta.*

April 19. Her looſe ſtools have been rather increaſed in frequency, for ſome days paſt, and ſhe complains of being more affected with ſickneſs at ſtomach.

Intermittantur medicamenta. Et
℞ *Laudani liquidi guttas ſexaginta.*
Tincturae Rhei uncias quatuor.
Syrupi ſimplicis uncias duas. M. Capiat ſemunciam omni nocte hora ſomni.

April 26. The looſeneſs is conſiderably abated ſince ſhe began her mixture.

Continuetur miſtura ut antea.

Obſervations delivered May 16.

The diſeaſe of this patient, with reſpect to its name, may be the ſubject of ſome diſpute. It is not, however, ſo much from any difficulty reſpecting its nature, as from the different ſenſes in which

which the ſame terms have been adopted. There are ſome who conſider gripes, teneſmus, and bloody ſtools, as conſtituting a dyſentery. And, in this ſenſe, we would neceſſarily beſtow that appellation on the preſent affection. By the term Dyſentery, however, I would wiſh to underſtand a particular febrile affection, depending on a ſpecific contagion. Of ſuch an affection, in the preſent caſe, there is no room for entertaining any ſuſpicion. And, in the ſenſe in which I would adopt the term, I have little difficulty in pronouncing the diſeaſe of the preſent patient to be a Diarrhoea.

The thirſt and parched ſkin which here occur, are the natural conſequences of a ſerous diſcharge from the ſyſtem; while teneſmus and bloody ſtools, as far as they do occur here, are merely the effects of an abraded ſtate of the inteſtines. The want of the menſtrual diſcharge for theſe ſix years paſt, is to be conſidered as the natural ſtate of the ſyſtem; for, it is to be obſerved, that, before this diſcharge ceaſed, our patient had arrived at her forty-fourth year, a period, before which, it is not unfrequent that women ceaſe to menſtruate.

In the hiſtory of her diſeaſe, there is indeed one circumſtance, which would lead ſome to conſider the affection

affection as being ſomewhat complicated; that is, the ſtate in which vegetable matters are diſcharged by ſtool. We are told, that, when theſe are employed in aliment, they come off undigeſted. This has been, by many, conſidered as conſtituting a particular genus of diſeaſe; and, in moſt noſological ſyſtems, it is diſtinguiſhed by the title of Lienteria. I apprehend, however, that it is improperly conſidered as a ſeparate genus; and I cannot help thinking, that Doctor Cullen has followed the beſt plan in conjoining it with the diarrhoea. The preſent inſtance even affords arguments for ſuch a conjunction; for here the lienterical affection holds only in a partial manner; and, although the diarrhoea be of long ſtanding, this ſymptom has never gone to any great height.

Reſpecting the termination of this caſe, I am not entirely without apprehenſion. I cannot, indeed, as yet, ſay, that it has had any conſiderable influence on the ſyſtem. The patient is neither greatly weakened, nor, to appearance, of an exhauſted habit. It has, however, already ſubſiſted for ſome conſiderable length of time, and during that period, has reſiſted the effects of various

ous

ous medicines; of the nature of these, indeed, we have not been able to receive information; but there are many reasonable grounds for presuming, that they have not been the least powerful. Since she came under our care, various articles have been used, without the effect of producing much change on her complaint. And, with regard to this disease, it may be observed, that it is one which is apt to become habitual to the system. When this is the case, there is both greater difficulty in the cure, and greater caution is requisite, as sudden means of checking it are often followed by disagreeable consequences.

In such a case as the present, therefore, the object is to bring about rather a gradual than a sudden cure; and, in attempting this, in the present instance, many remedies, we are told, have been employed. Here, after the disease has been of so long continuance, there is little reason to suspect any particular cause affording irritation, by which action may be induced, or, at least, if such irritating cause existed, I could not imagine it of that nature which could be removed by art.

In the present instance, then, I consider the disease to be the effect of an increased disposition

to action, and augmented ſecretion by the inteſtines; at the ſame time, this augmented ſecretion does not ſeem to be the effect of increaſed determination to the inteſtines. For, of this there is no evidence from the ſtate of the pulſe, of heat, or any other circumſtance. I would, therefore, upon the whole, conſider the affection before us as principally proceeding from a relaxed and irritable ſtate of the inteſtines. And the cure of it muſt depend on medicines capable of reſtoring their proper tone, which will have, at the ſame time, the effect of diminiſhing their irritability. This laſt is an end which is moſt immediately obtained, at leaſt, by ſedative medicines. And theſe, in the preſent affection, may be productive of good conſequences. It is, however, to be obſerved, that although, as I have already ſaid, I do not ſuſpect any particular irritation to ſubſiſt conſtantly here; yet ſuch may be occaſionally generated. And, from the ſtate of the bowels now deſcribed, I may naturally ſuppoſe there will occur a remarkable diſpoſition to acidity, of which, accordingly, at different times, evident indications have appeared.

It is on theſe general principles that I have already had recourſe to the different medicines which have been uſed with this patient ſince

ſince ſhe came under our care, particularly, to to Lignum Campeachenſe, the Succus Japonicus, and the Rhubarb, as aſtringents and tonics; to Magneſia as an abſorbent, and to the liquid Laudanum as a ſedative. From all theſe the patient has obtained, at leaſt, a temporary relief. And they would probably have had more effect, if ſhe had continued to take them regularly without intermiſſion. From inattention in this reſpect, however, after her complaints were ſomewhat abated, ſhe had again a ſevere return. But ſince that, by the uſe of rhubarb, conjoined with a ſmall proportion of liquid laudanum, they are again conſiderably abated. And if, under this, ſhe continues to recover, I ſhall not think of changing it.

If, however, the looſeneſs ſtill continues obſtinate, it is my intention to try, with this patient, a medicine which I have uſed but little, that is, the Gum Kino, an aſtringent from the vegetable kingdom, which has not yet found its way into the greateſt part of the modern pharmacopoeias. And what I think indeed ſomewhat ſtrange, it has not even a place in the Pharmacopoeia Suecica, which I conſider to be the beſt Pharmacopoeia yet extant. Upon the authority, however, of trials related by Doc-

tor

tor Fothergill, which are publiſhed in the London Medical Obſervations, it has had a place in the Edinburgh Pharmacopoeia; and, as it is found to make a very elegant tincture, I have thoughts of trying it in that ſtate. Should this alſo fail, however, I have thoughts of employing, with this patient, the Peruvian bark, at the ſame time, conjoining it with a ſmall proportion of an opiate; and, from one or other of theſe means, I am diſpoſed to hope for a good effect. I muſt, however, obſerve, that, in the removal of the preſent affection, much depends on carefully avoiding exciting cauſes. And, by cold producing a determination to the inteſtines, or by acrid matter ſupporting irritation there, every other meaſure will be rendered abortive. I conſider, therefore, the cure here as depending more upon attention and regularity, on the part of the patient, than on any meaſure which we can employ.

Sequel.

Under the uſe of the mixture, with the tincture of rhubarb, this patient's looſeneſs continued conſiderably diminiſhed. And her attendance at the Diſpenſary was ſoon afterwards diſcontinued, without any other medicine being tried.

CASE

CASE XVIII.

Observations on a Case of Venereal Gonorrhoea; with an Inquiry, whether Gonorrhoea depends on infectious Matter of the same kind with that which produces Syphilis, or on an infectious Matter of a different kind.

D—— R——, in the forty-third year of his age, admitted March 25. 1777, is affected with a discharge of whitish viscid matter from the urethra. He complains also of much ardor urinae, and is affected with a slight degree of phymosis. The inflammation attending it, however, is but very inconsiderable, and the prepuce little thickened. He is also frequently troubled with strangury. Pulse and heat natural, belly bound.

He first perceived the running about a fortnight ago. The other symptoms have since supervened.

He ascribes his disease to venereal infection; but he is not certain of the particular time at which he received it.

He

He has taken no medicine except a gentle purgative, from which he thinks he derived ſome relief.

℞ *Pulveris Salis Nitri,*

—— *Gummi Arabici, ſingulorum ſcrupulum unum. M. f. Pulvis quater in die ſumendus.*

April 5. The running ſtill continues. The heat of urine is much as before; and he thinks that there is rather more ſwelling and inflammation at the point of the penis.

Continuetur Pulvis Nitroſus, ut antea, ſed capiat cras mane, Salis Glauberi drachmas decem in Aquae ferventis uncias ſex ſolutas. Et iterum repetatur talis doſis mane die Jovis.

April 12. The ſalts operated well; and the ſwelling and inflammation at the point of the penis is conſiderably diminiſhed. He is alſo leſs affected with the ardor urinae; but the running ſtill continues. *Intermittantur medicamenta, et capiat omni veſpere et mane pulveris Corticis Peruviani ſemidrachmam.*

April. 19. The running is conſiderably abated ſince he began the uſe of the Peruvian bark; and he is now but little affected with the ardor urinae. *Continuetur Cortex Peruvianus, ut antea.*

Obſer-

Obſervations delivered April 23.

Reſpecting the diſeaſe with which this patient is affected, there is no room for entertaining any doubt. There can be no heſitation in pronouncing that, when he came under our care, he was affected with a gonorrhoea virulenta, or that peculiar diſcharge from the urethra which is the conſequence of venereal infection. This, in the caſe before us, occurred in the moſt ſimple ſtate, without any appearances indicating an affection of any other kind. And, if it be not now entirely removed, it is, at leaſt, ſo far relieved, that it is productive of very little inconvenience to him. I will not, indeed, from this, pretend to ſay, that the diſcharge may not yet continue for ſome time. Yet, I apprehend, there can be no doubt in pronouncing a favourable prognoſis. And, indeed, without farther appearances, I ſhould conſider farther treatment as unneceſſary; or, at leaſt, I ſhould imagine, that it is only hereafter requiſite, that the patient ſhould manage himſelf with a proper degree of caution reſpecting regimen.

In the treatment of this caſe, I have not employed many medicines; and, at the ſame time,

theſe

theſe were chiefly meant with the intention of obviating ſymptoms. Although I am diſpoſed to think, that ſome of them have had a tendency to produce a radical cure; yet, I look on the recovery to have been more the work of nature. This, you will obſerve, was a treatment very different from what I ſhould have been obliged to follow in any caſe of the Syphilis. This naturally leads us to the conſideration of the queſtion, How far Gonorrhoea and Syphilis are, as has generally been ſuppoſed, to be conſidered as different modifications of the ſame diſeaſe?

It has lately been the ſubject of debate, Whether the human race are ſubject to one venereal diſeaſe only, or to two different affections? This queſtion, I had lately occaſion to mention; but, at that time, I could enter no farther into the controverſy, than barely to point out the general heads on which the diſpute is founded. I hope, however, that no apology is neceſſary for taking a more full view of what I then ſaid upon this ſubject; eſpecially, as it may be conſidered as a queſtion which is not merely a matter of ſpeculation, but connected with practice. And, if I ſhall be able to render it probable, that the diſeaſes are, in reality, different, it will, at leaſt, be a com-

comfortable reflection for thoſe labouring under a gonorrhoea merely, to think that they are not from thence liable to be affected with ſyphilis. I am, indeed, far from imagining, that any thing I can ſay upon this ſubject will afford ſatisfactory evidence that the diſeaſes are in reality different. Yet, I muſt own, after conſidering this queſtion, I am, of the two, rather inclined to this opinion. And I ſhall now preſent you with the arguments by which I am led to adopt this ſentiment. Before mentioning theſe, however, it is neceſſary to take notice of what is ſaid in ſupport of the oppoſite doctrine, and to endeavour to refute, or, at leaſt, to invalidate theſe arguments. In ſupport of the opinion that the virus in gonorrhoea and ſyphilis are the ſame, many arguments are advanced. The four following, however, may be conſidered as thoſe on which the principal ſtreſs has been laid.

1. It is obſerved, that both gonorrhoea and ſyphilis are very generally conſequences of the ſame remote cauſe, that is, communication with an infected female.

2. It is aſſerted, that, from a ſingle inſtance of expoſure to infection, a patient will be ſubjected to both the diſeaſes.

3. It is maintained, that, from the same female, and at the same time, one shall be affected with syphilis, and another with gonorrhoea.

And, 4. It is contended, that an affection, beginning as a gonorrhoea, will, in consequence of improper treatment, be converted into syphilis.

These arguments must, at first sight, appear to be very convincing; and, if they be well founded, to the full extent here mentioned, they would necessarily establish the doctrine of the two diseases depending on the same infectious matter. On accurate examination, however, they will, I apprehend, by no means be found so conclusive as in general imagined. Admitting some of them to be strictly true, the conclusion by no means follows, that the matter of gonorrhoea and syphilis are the same; and, respecting the others, it will not be denied, that there is, at least, room for deception. To evince this, however, it is necessary to take a more particular view of them.

That both diseases, in by much the greatest number of instances, at least, proceed from the same remote cause, cannot be doubted; and, with males, they may be considered as principally, if not even solely, derived from infection communicated by some female. This, however, is by no means

means a sufficient proof that both of them are of the same nature. And, indeed, this may be considered as merely a consequence of both diseases being chiefly seated in the organs of generation. But, it is not more unnatural to suppose two different kinds of infectious matter, particularly acting on these organs, than one. And this is no more an argument that the matter of the gonorrhoea and syphilis are the same, than might be used to prove that the matter of the small-pox and itch are the same. For, while the two former diseases are chiefly obtained in consequence of contact, by the organs of generation, the two latter chiefly arise from contact by the surface. From the remote cause, then, nothing farther can be inferred than that both gonorrhoea and syphilis are the effect of actual contact. And contact is capable of inducing both syphilis and gonorrhoea, when the matter is applied in other ways than by application to the organs of generation. Wherever the matter of the syphilis is properly applied to absorbents, as from suckling an infected child, or from cutting a finger in opening a bubo, or the like, a syphilis is produced. Application of the matter of the gonorrhoea in any other manner than by the organs of generation, is not so

frequent.

frequent. But, in proof of this alſo, there are, I apprehend, ſeveral facts which can hardly be diſputed. An ingenious gentleman, a ſtudent at this univerſity, about twelve years ago, oftener than once, gave himſelf a gonorrhoea by inoculation, that is, by applying the matter of the gonorrhoea to the point of the urethra on a probe. And, it has farther been obſerved, that the application of the matter of the gonorrhoea to other mucous glands, produces from theſe a diſcharge ſimilar to that which ariſes from thoſe of the urethra.

This, I think, is ſufficiently confirmed by a fact, which I am well aſſured, happened in this city ſome years ago. A young man labouring under a gonorrhoea, was obliged to employ his handkerchief for a ſhort time, to ſave his ſhirt. After obtaining other cloths, he imprudently put the handkerchief in his pocket; and, without being aware of the conſequences, he uſed it in blowing his noſe. The effect was a diſeaſe of the inſide of the noſe, and an affection of the mucous glands there, in every reſpect reſembling the gonorrhoea. From theſe circumſtances, then, it appears, that the preſent argument is by no means concluſive; and that the ſameneſs of the remote cauſe proves nothing

more

more than that they are both the effect of contact.

2dly, In proof of the matter being the same in both diseases, it is contended, that, from communication with an infected female for one time only, both diseases are often the consequence. This assertion I cannot pretend to deny; but it is far from proving the matter to be the same, and, indeed, is perfectly reconcileable with the idea of their being different. If the female be affected with both diseases, which is often the case, the patient is equally exposed to both. It is, therefore, no more a proof that the matters of the syphilis and gonorrhoea are the same, than would be afforded of the sameness of the matters of syphilis and variola, if both these infections should be given by the same person, at the same time. And there is no doubt, that this has happened in several instances.

No one, however, is, from this, disposed to imagine that there is any similarity in the matters of these diseases. And, indeed, when we consider the condition of those by whom venereal infection is, in general, given, upon the supposition that the matter of the two diseases are different, it can, by no means, seem strange, that both

both infections ſhould be communicated at the ſame time.

As a third argument in ſupport of this hypotheſis, it is contended, that from the ſame female one man will be affected with ſyphilis, and another with gonorrhoea. Of this you will hear of many inſtances; and, at firſt ſight, the argument muſt ſeem convincing. On accurate examination, however, ſuch inſtances will be found to be much leſs frequent than is in general imagined. In the greateſt number of caſes, there is little certainty from whence the infection is derived. It is commonly aſcribed to the moſt recent ſuſpicious expoſure. When we attend, however, to the lurking nature of the diſeaſes, it will appear, that, in this, there is much room for fallacy. It is well known that the ſyphilis will often appear at intervals of months after the infection has been communicated. I have known this alſo ſometimes happen with regard to the gonorrhoea. Some years ago, I had occaſion to treat one inſtance of venereal gonorrhoea, where the diſeaſe had not the ſmalleſt ſymptom of ſyphilis, and where it made its firſt appearance at the end of four months from the time of any poſſible infection. From theſe circumſtances, then,

then, there is room for doubting the foundation of this argument, even when it is moſt poſitively aſſerted. But, even admitting it to be true, that two different diſeaſes may be thus communicated to different males by the ſame female, yet this proves nothing, as it is by no means incompatible with the ſuppoſition of the two matters being different. The female may as probably have been ſubject to both diſeaſes as to one only. And there is no difficulty in ſuppoſing that ſhe had been the means of communicating one to each. Had ſhe alſo been ſubject to the itch, a third might have caught that infection, a fourth might have eſcaped without any diſeaſe, while a fifth might have had a conjunction of all the three. Even admitting, therefore, the aſſertion on which this argument is built to be no rare occurrence, yet it by no means proves that the matters of ſyphilis and gonorrhœa are of the ſame nature.

The *4th* and laſt argument which I think is neceſſary to anſwer, is, that an affection which begins under the form of gonorrhœa, will, in conſequence of improper treatment, be converted into a ſyphilis. Could this be eſtabliſhed, it would unqueſtionably prove the ſameneſs of the matter in both; and you will meet with many

practitioners

practitioners who will poſſibly affirm that they have ſeen it. Here, however, there is more ground for deception than is commonly imagined; and, on ſuch deceptions, the aſſertion ſeems to have been founded. It is commonly alledged to be the effect of aſtringents, injected at an early period of the diſeaſe. And it is not to be refuſed, that, from an improper adminiſtration of theſe, bad conſequences often reſult. In ſome inſtances, they induce very conſiderable and obſtinate inflammations. In others, and that more frequently too, they give riſe to ſwelling of the teſticle. Neither the one nor the other of theſe appearances, however, are to be conſidered as ſyphilitic ſymptoms, but as merely the effect of inflammation, induced by a ſudden change in the ſtate of circulation; and, accordingly, they are cured by the uſe of antiphlogiſtic regimen and medicines. It is not to be denied, indeed, that there have been caſes where ſyphilis has ſucceeded gonorrhoea. But this as frequently happens, when the gonorrhoea has been treated in the moſt judicious and cautious manner, as when it has been precipitately cured. Nor is it neceſſary for the explanation of this fact, that we ſhould adopt the ſuppoſition of the two diſeaſes depending

ing upon the ſame matter, as it is very eaſily explained on the ſuppoſition of the patient's having received both infections, one of which, for ſome time, had remained latent. And this circumſtance, we have already obſerved, frequently happens where only one diſeaſe has been communicated.

Theſe I take to be the chief arguments adduced in ſupport of the opinion, that the matter giving the infection of the gonorrhoea and ſyphilis are of the ſame nature. And, from the examination of them, it appears, that they are by no means ſo concluſive as is in general imagined. After endeavouring, therefore, to refute, or, at leaſt, to invalidate the proof of this hypotheſis, I come next to conſider the ſecond ſuppoſition, by which it is contended that the matter of the ſyphilis and gonorrhoea are in reality eſſentially different.

The arguments brought in ſupport of this hypotheſis are drawn from various ſources, but chiefly from the following:

1. From the hiſtory of the progreſs of the two affections in different countries.

2. From the phaenomena which they exhibit.

3. From the method of cure by which each is moſt readily overcome.

1. The history of the two affections affords many circumstances which corroborate the opinion of their depending on matter essentially different. This particularly appears from their progress in Europe and other countries in to which they have been imported. It is very generally allowed, that, whether the diseases be in reality the same, or of a different nature, both of them are but of a recent date in Europe. Of late, indeed, an elaborate treatise has been written by Mr Sanches, one of the physicians to the Empress of Russia, to prove that the venereal disease was not brought from America. But, notwithstanding what he has said to the contrary, I am still inclined to believe, that neither syphilis nor gonorrhoea were known till the discovery of America. The subject of the first appearance of venereal complaints in Europe has been more laboured by Dr Astruc than by any other writer. He has been at the utmost pains in collecting facts upon this subject. Upon his authority, it appears, that both diseases did not appear at the same time in Europe, but that the syphilis had been observed many years before the gonorrhoea was known.

This, it may farther be remarked, has not been peculiar to Europe, but has held also of other quarters

quarters of the globe to which the ſyphilis has been carried from Europe. The ſyphilis, for inſtance, was very ſoon imported into China; but we have the authority of Dr Aſtruc for aſſerting, that, at the time when he wrote, gonorrhoea was but a very recent diſeaſe in that country. Probably, as being a leſs obſtinate affection, it was, from the length of the voyage, very generally cured before reaching that country: Or, at leaſt, though a running, in ſome degree, remained, yet the virulence might be overcome.

Theſe facts are corroborated by an obſervation of ſtill later date, that is, the importation of the venereal diſeaſe into the iſlands lately diſcovered in the South-Seas, particularly Otaheite. It is certain that ſyphilis was unknown there till theſe iſlands were viſited by the late circumnavigators. And, it is yet a matter of diſpute, whether the firſt communication was by the French or Engliſh; for they were viſited by both nations pretty nearly about the ſame time, and each nation ſeems willing to throw the odium of introducing it upon the other. But, by whoever it was imported, it would appear, that they carried there one diſeaſe only. I am informed, by a gentleman whoſe accuracy may be relied upon, and who viſited that iſland

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along with Captain Cook, in his laſt voyage, that, at that time, the gonorrhoea was ſtill unknown to them. This, however, we could hardly ſuppoſe to be the caſe, did both diſeaſes depend on the ſame infectious matter. Thus, then, from the hiſtory of the progreſs of theſe diſeaſes, there are ſeveral circumſtances which would lead to the ſuppoſition, that a peculiar infectious matter is neceſſary for giving each; and, that the infection producing the one, will not give riſe to the other.

Thee ſecond ſet of arguments are drawn from the phaenomena of the diſeaſe. Among theſe, there are many particulars pointed out, which give a preſumption that the matter of ſyphilis and gonorrhoea are eſſentially different. It is obſerved, that the ſyphilis, when neglected, uniformly increaſes in violence, and, if it be not artificially removed, it will univerſally terminate in the death of the patient. The gonorrhoea, on the other hand, has no ſuch progreſs. It is even a diſeaſe which, after running a certain courſe, has a natural tendency to cure. And, in many caſes, if the patient lives moderately, and avoids cauſes inducing inflammation, a natural cure will ſoon take place. Many practitioners are ſo much convinced

convinced of this, that they reckon medicines in this diſeaſe unneceſſary, or merely direct ſuch as may pleaſe and amuſe the patient. I am far, however, from contending for the propriety of this practice to its utmoſt extent. I hold the uſe of ſome remedies to be, in many caſes, of the utmoſt conſequence. But ſtill it muſt be allowed, that, in other caſes, they may be neglected, without any great danger; and, in general, the neglect is productive of no other effect than that of rendering the preſent ſymptoms more uneaſy, and more tedious. There can, therefore, be no diſpute, that, in as far as reſpects the progreſs of the affections, the phaenomena of the diſeaſes are eſſentially different.

A ſecond circumſtance from the phaenomena of the diſeaſes marked out as demonſtrating a difference, is, that the infectious matter of ſyphilis uniformly produces ſyphilis, and the infectious matter of gonorrhoea as conſtantly produces a gonorrhoea. I have already, indeed, obſerved, that, with regard to the matter giving infection in ordinary caſes, we are, in general, in the dark. Few are fool-hardy enough to expoſe themſelves where they are certain of the exiſtence of either diſeaſe. But, where the complaints

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of the perſon giving the diſeaſe are afterwards known, it is very generally obſerved, that, whether it be ſyphilis or gonorrhoea, the perſon infected receives the ſame complaint. Dr Boerhaave has poſitively aſſerted, that he never knew any one with the gonorrhoea alone give the ſyphilis; and he was, perhaps, as accurate an obſerver on this ſubject as any one either before or ſince his time. In general, it is as certain that one gonorrhoea is the conſequence of another, as that ſmall-pox gives the ſmall-pox. No one was ever infected with a gonorrhoea from cutting a finger on opening a bubo; nor one was ever infected with a gonorrhoea from ſuckling an infant affected with ſyphilis. Beſides, in no inſtance where the gonorrhoea was received by innoculation, or intentional application of the matter to the point of the urethra, by way of experiment, has any ſymptom of ſyphilis ever appeared. It would ſeem, then, that each diſeaſe is an uniform conſequence of a particular infectious matter; and whenever we are certain of what nature that is, we may alſo be certain of the diſeaſe which will follow.

A third particular from the phaenomena confirming the difference between the matter in the two diſeaſes, is drawn from the diſeaſes remaining

ing ſo frequently ſeparate. It muſt, indeed, be allowed, that they are, in many inſtances, conjoined; yet, in by much the greater number of caſes, each runs its courſe, without the leaſt appearance of the other. It has, indeed, ſometimes been ſaid, that gonorrhoea has been converted into ſyphilis: But it has never even been alledged, that the ſyphilis has been converted into a gonorrhoea. We would naturally expect, however, that ſuch an alternation ſhould frequently happen, were the infectious matters the ſame. We would naturally expect, that, when the matter of the ſyphilis acts on almoſt every other part of the ſyſtem, it ſhould, by action on the penis, induce a running. This, however, is not obſerved to happen. Hence, while there is ſo great reaſon for believing that it is applied, we are led to infer, that, in its nature, it is different from that giving riſe to a gonorrhoea.

It has indeed been alledged, that, in ſome inſtances, gonorrhoea gives riſe to ſyphilis. I have, however, pointed out ſeveral circumſtances leading to ambiguity in this reſpect; and it is at leaſt certain, that there are even but few inſtances in which it can be pretended that this happens; eſpecially if we make a proper diſtinc-

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tion between real ſypilitic ſymptoms and thoſe, ſuch as ſwelling of the teſticles, and the like, which are the mere conſequences of an obſtructed diſcharge, and which are in no degree venereal. But, were the infectious matter in the two diſeaſes of the ſame nature, inſtances of the one ariſing from the other could neither be rare nor ambiguous. And, indeed, in every caſe where gonorrhoea exiſted, ſyphilis ſhould follow. In every inſtance of gonorrhoea, infectious matter is neceſſarily applied to an innumerable multitude of lymphatic abſorbents on the glans penis. It is certain, however, that, in by much the greater number of caſes, there is no inconvenience from thence; and, in ninety-nine, at leaſt, of an hundred inſtances, there is no appearance of ſyphilis. I can only ſuppoſe this to happen, however, in conſequence of one of two circumſtances; Either this matter is incapable of being abſorbed, or, although abſorbed, it is innocent; whichever ſuppoſition we adopt, it leads us to conclude, that the matter of the ſyphilis and gonorrhoea are eſſentially different.

The *third* and laſt ſet of arguments are thoſe drawn from the method of cure. It is certain, that the remedies by which the one is overcome,

are

are eſſentially different from theſe curing the other. Formerly it was, indeed, the practice in every inſtance of both diſeaſes, to employ mercury. And, perhaps, where there is reaſon to apprehend that a ſyphilitic taint has been communicated at the ſame time with gonorrhoea, this is the moſt prudent courſe. But, it is beyond diſpute certain, that, for the cure of gonorrhoea alone, mercury is not neceſſary; and, it is even to be doubted if it be uſeful. The cure is more readily effected by more ſimple medicines.

There can be no doubt, on the one hand, that the treatment ſerving to remove gonorrhoea, is by no means fitted for the cure of the ſyphilis; and, on the other hand, that the treatment ſuited for the cure of ſyphilis, is not calculated for the removal of gonorrhoea. Of this there is undoubted evidence from attending to the caſes of thoſe who are unfortunate enough to labour under both diſeaſes at the ſame time. Where this happens, recourſe is uſually had to the means of curing the ſyphilis, as being the affection from which the greateſt immediate danger is to be dreaded, and from the continuance of which there is moſt to be apprehended. Under this treatment, indeed, the gonorrhoea will, very generally, be diminiſhed; but this di-

minution takes place in no greater degree than would happen from the ſame length of time alone, conjoined with the antiphlogiſtic regimen. And the cure of the gonorrhœa is by no means in proportion to the influence which mercury has in healing chancres, diſcuſſing bubos, or removing other ſyphilitic ſymptoms. Beſides, in very violent inſtances of the gonorrhœa, it is obſerved to be uninterrupted in its courſe, or even increaſing in ſeverity, during the uſe of mercury to a great extent. While, at the ſame time, this mercury proves effectual in removing the ſymptoms of ſyphilis. Thus, then, there is no room to doubt, that, with reſpect to the method of cure, at leaſt, the two diſeaſes by no means agree. And this, it muſt be allowed, is no inconſiderable evidence that the two diſeaſes ariſe from infectious matter, of a nature eſſentially different.

From all theſe circumſtances taken together, I cannot help thinking, that this opinion, which I have now endeavoured to ſupport, is, at leaſt, in ſome degree probable.

I am far, however, from imagining that what I have now thrown out will, by any means, afford conviction. I offer the preſent obſervations rather

rather as the ſubject of future reflection, than as a ground for preſent deciſion; and, I ſhall be glad, if theſe obſervations ſhall lead you to examine facts with attention; for, I apprehend, that it is by this means alone that the preſent controverſy can be finally determined.

I muſt, however, conclude, as I have already obſerved, that, from every view which I have been able to take of this matter, I am inclined to conſider the diſeaſes as eſſentially different. And, on this opinion, the practice in the inſtance before us proceeded. Of this, then, it next follows, that we ſhould offer a few obſervations; and, as we ſhall not probably again ſee much of this patient, we may now offer ſuch remarks as are ſuggeſted.

In this caſe, before the patient came under our care, the diſeaſe had been nearly of a fortnight's ſtanding; by this, therefore, I was precluded from trial of ſuch practices as might be ſuppoſed to operate either by diſſolving the mucus, to which the infectious matter adhered, or by diſcharging, it from increaſing the ſecretion. At the time when this patient came under our care, the inflammatory ſtage of the diſeaſe might be conſidered as nearly about the height. I thought, therefore,

therefore, that it ought, at firſt, to be the principal object, to mitigate this. The ſymptoms, however, were not in ſuch a ſtate as to require, with this intention, any great evacuations. And, I apprehend, that the more evacuant medicines can be avoided during the inflammatory ſtage of the diſeaſe, the leſs danger there is of the continuance of a running for any great length of time.

It was on this account, that, at firſt, I had neither recourſe to bleeding nor purgatives. But, beſides injoining the antiphlogiſtic regimen, I directed, merely as medicines, the uſe of diluents and refrigerants. With the laſt intention, I employed powders of Nitre with Gum Arabic; with the firſt, the infuſion of Lint-ſeed. From theſe, I hoped, in ſome meaſure, to diminiſh the general impetus of circulation. I concluded, however, that they would ſtill have more effect as counteracting the heat of urine; and, by this means, would obviate the moſt urgent ſymptom, the ſtrangury; for, I concluded, that this was ſolely the effect of the ſtimulus of the urine on parts, the ſenſibility of which was augmented; and this I expected to diminiſh from ſheathing the acrimony of the urine by the demulcent quality of the Gum Arabic and Lint-ſeed.

But,

But, I expected ſtill more from increaſing the proportion of the watery to ſaline parts, by the introduction of diluents into the ſyſtem, and by the diuretic powers of the Nitre.

From theſe practices, however, I did not reap all the good effects which I expected; and the ſtate of the inflammation at next report, was ſuch, that I reckoned it neceſſary to obtain a depletion of the ſyſtem by cathartics. With this view, I had recourſe to one of the refrigerant kind, the operation of which I reckon moſt certain, the Sal Glauberi. From this, with the continuance of the former courſe, the ſymptoms of inflammation ſoon diſappeared. And, when there remained no ſymptom of any conſequence but the running, I conſidered the ſtate of the veſſels to be the great object of attention. With the view of reſtoring to their former vigour, the ſecreting organs in the urethra, the powers of the ſyſtem themſelves are often fully ſufficient. And, unleſs either where the diſcharge is exceſſive in point of quantity, or where it runs on to a very great length, it is neceſſary, perhaps, to do but little. Where remedies are requiſite, many may be had recourſe to. And what I reckon amongſt the moſt powerful of theſe, are cold bathing and aſtringent

aſtringent injections. I did not, however, look upon either to be requiſite in the caſe before us. I had, therefore, recourſe to one which may, I apprehend, be more frequently employed with ſafety, that is, Peruvian bark; and which, under proper adminiſtration, is not without very conſiderable effects. To the extent, indeed, in which it was here given, I could not expect very great benefit from it. But, when exhibited early in the diſeaſe, all that is requiſite is, that it ſhould be given in a ſparing manner; for, unqueſtionably, it has ſome tendency to remove a diſpoſition to inflammation; and, in ſome particular conſtitutions, the running is even ſo ſuddenly checked by this, as to give riſe to uneaſy ſymptoms, particularly a ſwelling of the teſticles. On this account, I began the patient with the uſe of it, to the extent of a dram only every day. It was, however, my intention, if circumſtances ſhould require or permit it, afterwards to increaſe the quantity.

I cannot, with great confidence, affirm, that the Peruvian bark had here any remarkable good effect, but, at leaſt, it was productive of no bad conſequences; and I muſt own, that I am diſpoſed to refer to it the diminution of the running

ning which soon afterwards happened. And I am now disposed to think, that, unless from imprudent management on the part of our patient himself, his co plaints will in no long time have a favourable termination.

Sequel.

It was not found necessary to increase the quantity of Peruvian bark given to this patient. And, as his symptoms disappeared, his attendance at the Dispensary was soon discontinued.

CASE XVIII.

Observations on Hydrocephalus of the Cranium.

A——— R———, admitted the 11th of April 1777, near three years of age, is affected with a considerable enlargement of the cranium, which has a monstrous appearance. The head measures in circumference, taken a little above the eyes, about twenty-eight inches, and

and from ear to ear, along the courſe of the ſagittal ſuture, it meaſures near ſixteen inches. The whole upper part of the head is ſoft and elaſtic, and nothing reſembling bone can be felt for a ſpace of ſeveral inches in diameter. The ſame feel is alſo diſcoverable in the courſe of moſt of the ſutures, particularly in the back part of the head, about the angle of the lambdoid ſuture.

Her mother thinks that ſhe is alſo affected with total blindneſs. The pupils of her eyes are very much dilated, and cannot be contracted by the action of light, while, at the ſame time, there occurs an almoſt conſtant ſtrabiſmus.

She is unable to walk or ſtand, neither has ſhe ever been able to articulate; but, at times, ſhe utters uncommon ſhrieks. She has frequently been obſerved to pick her noſe and to grind her teeth.

Her pulſe beats above an hundred ſtrokes in the minute; but the heat of her ſkin is nearly natural; her appetite is voracious, and ſhe drinks much.

More than two years ago, ſhe was ſeized with a fever, attended with convulſions, in a very ſevere manner. From that time, her head has been obſerved gradually to enlarge, and all the

other

other ſymptoms have ſupervened. At the time of her birth, there was nothing uncommon in the appearance of her head. Her mother is inclined to attribute her diſeaſe to the fever, and ſhe knows no other cauſe to which it can be aſſigned.

A great variety of medicines have been tried, with a view to the removal of her complaint, but without producing any diminution of the ſize of her head, or a mitigation of any of her other ſymptoms.

Applicetur emplaſtrum veſicatorium inter ſcapulas, et poſtea fiat fonticulus ope unguenti epiſpaſtici; nec non

℞ *Tincturae Jalappae ſemunciam.*
Syrupi Simplicis uncias duas.
M. Capiat Cochleare parvulum omni ſemihora donec ſupervenerit catharſis. Et repetatur talis doſis bis in ſeptimana.

April 19. There was a very copious diſcharge of water from the bliſter; but, notwithſtanding the application of the iſſue ointment, it is now perfectly healed. The mixture purged her briſkly, and her belly ſtill continues open.

Applicetur iterum emplaſtrum veſicatorium inter ſcapulas, ut antea; ſed intermittatur miſtura.

Obſervations delivered June 3.

This patient, for ſome time paſt, has not been brought to the Diſpenſary, probably from the place of her reſidence being at the diſtance of ſome miles from Edinburgh. Had ſhe continued regular in attendance, ſhe would rather have afforded us an opportunity of marking the progreſs of her diſeaſe, than of her cure. Reſpecting the nature of the affection to which this patient is ſubjected, there is no room for any doubt. From the firſt view of her head, the diſproportion which it bore to the reſt of her body could not fail to ſtrike the moſt inattentive obſerver. While, at the ſame time, in this enlargement, the face, unleſs in as far as it is formed by the bones of the cranium, had evidently no ſhare. That part of the head, however, which, in a natural ſtate, is occupied only by the brain, was here augmented to a very great degree.

Such an affection, though not every day to be met with, yet, upon the whole, can hardly be reckoned an unfrequent occurrence with infants, inſomuch that there are alſo two others ſubjected to the ſame diſtemper at preſent under our care

as

as Diſpenſary patients. Such enlargements are univerſally found, on diſſection, to ariſe, not from any morbid increaſe of the natural contents of the cranium, but from a dropſical affection. And that the caſe before us affords a ſtriking inſtance of the hydrocephalus, can admit of no doubt.

Under this general term, however, very different affections are comprehended. And, perhaps, there is no affection in which the ſymptoms are more varied, from the ſeat of the water. Practitioners, in general, divide this affection into Hydrocephalus externus and internus. By the laſt, they underſtand thoſe inſtances where the water is depoſited within the ventricles of the brain. By the firſt, all thoſe caſes where the water is exterior to the brain itſelf. If we examine the noſological ſyſtems, however, we will find that the definitions in all of them, except that of Mr Sagar, apply only to the external. And his definition is a very vague one, for it is no more than that the hydrocephalus is a dropſy of the head.

All the definitions into which the enlargement of the head enters as a characterizing ſymptom of the diſeaſe, will by no means apply to the hydrocephalus internus, in the ſenſe in which we would

would adopt the term. And this ſymptom of enlargement of the head enters the definition of all the other noſologiſts. By hydrocephalus internus, we would underſtand that diſeaſe which is ſo accurately deſcribed by Dr Whyte, that few practitioners who have read his work with attention will be at a loſs to diſtinguiſh it, after it has made a certain progreſs. Although, indeed, in its earlier ſtages, it is a diſeaſe of a moſt inſidious nature, and, till very lately, we may, perhaps, ſay, that it was not underſtood. This I the rather mention, as the terms hydrocephalus interior and exterior are employed by Mr Sauvages in a ſenſe different from that in which they are commonly underſtood. By hydrocephalus interior, he means thoſe caſes where the water collected within the cranium diſtends and opens the ſutures, as in the inſtance before us. By the exterior, he means thoſe caſes in which a mere anaſarcous affection occurs partially to the integuments of the head.

From theſe different ſenſes of the ſame term, difficulties may ſometimes ariſe. I apprehend it would not only be the means of avoiding confuſion, but would even farther ſerve ſome good purpoſe, at leaſt, in the prognoſis, if the affection were

were divided into three ſpecies. Theſe, indeed, properly ſpeaking, are, perhaps, to be conſidered rather as diſtinct genera than ſpecies: At leaſt, if, as in other parts of the body, we ſuppoſe genera to be conſtituted by the cavity in which the water is effuſed. Theſe I would diſtinguiſh by the following terms:

1. Hydrocephalus of the ventricles, when the water is ſituated within theſe cavities.

2. Hydrocephalus of the cranium, when it is ſituated between the brain and ſkull.

3. Hydrocephalus of the integuments, when it is ſituated totally exterior to the ſcull.

That the inſtance before us is of the ſecond kind, can admit of no doubt. And, although this be leſs rapid in its progreſs than the firſt kind of hydrocephalus, that of the ventricles, it is, perhaps, not leſs mortal. It has even been diſputed whether there be inſtances of recovery in any caſe. To this opinion, however, I cannot agree; for, I am perſuaded, that I have witneſſed more than one inſtance of recovery from the hydrocephalus of the ventricles; and if this be the caſe, I will not be diſpoſed to think that it may not occur with regard to the hydrocephalus of the cranium.

Some,

Some, however, are ſo much perſuaded of the fatal tendency, even of the laſt, that they adviſe no meaſures to be taken during the courſe of it. They imagine, that if theſe have any effect, it will only be to haſten the death of the patient. I muſt then look upon the caſe before us, from the nature of the affection, to be of a very dangerous tendency; and there are unqueſtionably but faint hopes of cure to be entertained in caſes much more favourable than the preſent; for, it is here to be obſerved, that the diſeaſe is not merely characteriſed by the enormous increaſe of the ſize of the head. Though it has not given riſe to all, yet it has produced ſeveral of the ſymptoms ariſing from the hydrocephalus of the ventricles, ſuch, for example, as the ſtrabiſmus, or peculiar ſquinting, the dilatation of the pupils, and loſs of ſight.

There is no doubt, that, in the preſent inſtance, as well as in an hydrocephalus of the ventricles, theſe are the effects of compreſſion on the brain. And to the ſame cauſe we may alſo refer ſeveral other appearances in the caſe before us, particularly the inability to uſe the legs, and the want of the power of articulation, although the child be now above two years old. To theſe, I think, we may add,

with

with reſpect to the intellectual faculties, as far, at leaſt, as they can be judged of, at ſo early a period of life, that there occurs, if not abſolute idiotiſm, at leaſt a very conſiderable degree of it. For, of this, I apprehend, we had ſufficiently ſtrong evidence in the wild ſhrieks ſhe emitted. From all theſe particulars, then, taken together, we may conſider, that the affection in the inſtance before us is in a very advanced ſtate; and, indeed, it has already ſubſiſted for near the ſpace of two years.

I muſt, however, remark, that I have known inſtances of longer duration, and where the head had increaſed to a greater ſize, where the ſame appearances were not induced. And I have ſeen a child farther advanced in life, with a much larger head, who could not only articulate, but was even extremely talkative. It would appear, then, in the inſtance before us, that the progreſs of the affection, as deſtroying the powers of the ſyſtem, had been great even for the time for which it had ſubſiſted. And, without a cure, or, at leaſt, ſome alleviation of the complaint, there is little proſpect that ſhe will hold out much longer.

Beſides

Beſides what I have already mentioned, there is another circumſtance to be taken into account in giving a prognoſis in all ſuch caſes as the preſent, that is, the cauſe to which the affection may be referred. And from this, as far as it goes, I would, in the preſent caſe, rather draw a favourable judgement as otherwiſe. Often the diſeaſe begins without any perceptible cauſe, in which caſe, there is reaſon to dread that it has its origin in the conſtitution. It is often a diſeaſe not ſupervening after birth, but born with infants; a circumſtance which ſtill farther demonſtrates that it has its origin in the habit itſelf. But, in the caſe before us, the diſeaſe was neither congenial, nor without an obvious cauſe; at leaſt, the affection was attributed to a fever and convulſions with which ſhe was attacked about two years ago. From that time the head was obſerved gradually to enlarge. It is true, indeed, theſe may be ſuſpected to have been the conſequences of the affection upon its firſt attack; and there is no doubt that the firſt ſtage of the hydrocephalus of the ventricle is marked by a fever. But, as it is never obſerved to be a ſymptom of the hydrocephalus of the cranium, we may conclude that it was not ſo in the preſent inſtance. And,

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as dropſical affections, in general, are often a conſequence of fever, we may infer, that this took place in the inſtance before us. But, allowing the diſeaſe not to be original, but acquired, and the cauſe of the affection obvious, whatever foundation theſe circumſtances might give for a favourable prognoſis in other inſtances, they can afford but little ground for it in the preſent. For, after the occurrence of ſymptoms indicating the affection of all the more important functions, a recovery would indeed be very extraordinary.

This, however, is, I apprehend, no ſufficient reaſon why we ſhould not give trial to meaſures for cure. For, I hold, that even in the moſt deſperate caſes, patients, while they will ſubmit to treatment, are not to be deſerted. In ſuch deſperate caſes, I conſider a practitioner as warranted even to make trial of doubtful remedies. And, even where he does not chuſe to employ ſuch, there is, perhaps, no inſtance in which meaſures may not be taken, which, without danger of any prejudicial conſequences, have, at leaſt, a proſpect of affording ſome relief. On theſe principles, then, I proceed to ſpeak of the cure in the caſe before us. It is evident, that, as

in other dropſical affections, there are here two great objects to be had in view.

1. The evacuation of the water already collected within the cranium.

2. The prevention of future accumulation.

Here, as in other caſes, all the different modes of diſcharging the water may be referred to two heads, natural or artificial outlets. The former, unqueſtionably furniſhes us with the moſt ſafe, the latter with the moſt effectual mode of evacuation; that is, by means of theſe, we can, at leaſt, draw off the water, whatever may be the future event of the diſeaſe. It muſt be allowed, however, that, in this affection, ſome of the artificial modes are very doubtful. Among theſe, I may mention what, of all others, is the moſt certain, that is, the puncture into the cavity containing the water.

Reſpecting the propriety of this operation, very oppoſite ſentiments are entertained by the moſt eminent moderns. Some repreſent it as a mode of cure not only free from danger, but never to be neglected. Others conſider it as a certain means of precipitating the death of the patient. From my own experience on this ſubject, I can ſay nothing. I have never either directed this operation

tion to be performed, or ſeen it tried under the direction of any other. I muſt own, however, I ſhould not entertain from it any ſanguine hopes of ſucceſs. At the utmoſt, we can look for no farther benefit from it than from tapping in the aſcites: That is, it ſerves merely for producing evacuation of the water, and not for preventing the return; and it is ſtill matter of diſpute how far, even in aſcites, tapping is of any great advantage. Some of the moſt eminent practitioners in London, indeed, have lately recommended early tapping, in very high terms; but, I am well aſſured, that even thoſe who were once the ſtrongeſt advocates for it, are now much leſs fond of it than formerly. While others, and theſe too of the firſt eminence, condemn it very ſtrongly in every inſtance.

If, however, evacuation by an outlet of this nature is exceptionable in aſcites, it is ſtill more ſo in hydrocephalus of the cranium. For, it is well known, that, in the aſcites, even the greateſt inconvenience will ariſe if the diſcharge is not compenſated by due preſſure. Hence, before proper bandages were invented, it was given as a conſtant direction, that, in aſcites, the whole water ſhould not be drawn off at once, but at different

rent times; and, if it is to be attempted in hydrocephalus, the same injunction must be observed. For here, from the state of the matter forming the cavity, viz. the bone, pressure cannot have any effect, or, if the intervals betwixt the sutures may admit of this, yet it cannot have influence in an equable manner. Notwithstanding all these objections, however, when other remedies are ineffectual, and where the disease is evidently on the increasing hand, it is to be considered as giving the only possible chance of a recovery. And tho', as the chance is unquestionably a bad one, it is never to be enforced; yet it ought, I apprehend, in such circumstances, to be proposed.

Perhaps there are few cases where the evident concurrence of circumstances require it more manifestly than in this before us. But, to the operation, an unsurmountable objection is the mother's dread at the thought of it. By this, therefore, we were here determined to try what might with safety be done by other artificial or natural outlets. We have an artificial outlet, not only to appearance less formidable, but in reality less dangerous, in that which is excited by blisters, especially when these are continued in form of an issue. From these, applied even to the head itself,

itself, there is less to be apprehended than in the hydrocephalus of the integuments, and more to be expected than in the hydrocephalus of the ventricles. Here, however, I chose to give the preference to the application of them in the neighbourhood of the head, which, while it is productive of nearly the same advantages, would seem less alarming.

It was my intention to have supported the discharge, by the use of epispastic ointment. But although, from the blister itself, there was a very copious evacuation, yet, by the issue ointment, the discharge was not supported, probably from want of a proper application. Perhaps, however, it is a matter of doubt, whether from this there is any real disadvantage. For, if there be not an equal, yet, at least, there is a very considerable discharge obtained by repeated blisters. And to such repetition I had here recourse. What has been the effect of it, however, I have not since learned. But, besides blisters, I employed also a mixture, with tincture of Jallap, which I hoped would operate as a brisk purgative. This I directed as an evacuant of water by a natural outlet. But, as of this I shall have more occasion to speak in other cases, I shall say

ſay nothing of it here. And of my future plans with this patient, I need make nó obſervations, as we ſhall not probably ſee her again.

* * * *

This patient did not return to the Diſpenſary; and, as her reſidence was at the diſtance of ſeveral miles from Edinburgh, I have never been able to learn the event of the caſe.

CASE XIX.

Obſervations on a Caſe in which there occurred a peculiar morbid Senſibility of one of the Hands.

F—— R——, A man in the twenty-fourth year of his age, admitted April 15th 1777, complains of very violent pain affecting all the fingers of his left hand, to ſuch a degree as entirely to prevent him from being able to move them. They are all drawn in towards the palm of his hand; and he alledges, that even the ſlighteſt attempt to extend them, occaſions the moſt excruciating pain. None of them are diſcoloured,

coloured, or otherways obviouſly affected. Yet, even the ſlighteſt touch gives very great uneaſineſs; ſo that, to avoid contact with other bodies, he is obliged to keep his hand conſtantly in a very large bag. In every other reſpect he is in good health. But the pain of his hand totally incapacitates him from following any employment.

Twelve months ago he received a ſtroke on the metacarpal bone of the middle finger, near to the joint. This gave him much pain at the time, but produced no wound. It, however, prevented him from being able to extend his fingers for ſome time; and a few months after this accident, all his fingers began to contract, in which ſtate they have continued ever ſince.

He has uſed warm fomentations, and a variety of other medicines, without effect.

Habeat fotum electricum per horae quadrantis ſpatium ter in ſeptimana; et niſi exinde vehemens oritur dolor, eliciantur ſcintillae electricae e manu ſiniſtra.

April 26. He has been regularly electrified ſince laſt report, and the electrical ſparks occaſion ſome pain in his hand; but it is not of long continuance. He is now able to move his fingers a little;

little; but the pain of his hand, on being touched, ſtill continues as before.

Obſervations delivered June 6.

The caſe of this patient furniſhes us with an example of what I reckon a very ſingular affection. I muſt own, that I have never before met with any caſe which could be ſaid very nearly to reſemble it. Nor can I aſſign a place for it in any noſological ſyſtem. Therefore, without attempting to give any name to this diſeaſe, we muſt try how far we can give any probable conjecture as to its nature. It is evident that the affection, whatever its nature may be, is totally a local one. It is confined entirely to the left-hand, and there marked merely by one ſymptom, that is, pain. For the contraction of the fingers and loſs of motion, as far as we can learn, are to be conſidered ſolely as conſequences of this. While, at the ſame time, there is no tumour, ulceration, inflammation, or any obvious cauſe from which we can ſuppoſe the pain to ariſe. It is well known, however, that all pain is the conſequence of impreſſions communicated from the ſentient extremities of the nerves to their origin.

And

And theſe impreſſions are varied by many different circumſtances, particularly by the ſtate of the ſentient extremities, and by the condition of the nervous fluid. With theſe, in a certain condition, the force of the impreſſion is either totally taken off, or greatly diminiſhed; while, on the other hand, when they are in a contrary condition, its influence is greatly augmented, inſomuch that an impreſſion, which uſually is capable of giving very little, or rather no ſenſation, will produce even an excruciating degree of pain. From the ſuppoſition, therefore, of ſuch a change in the ſtate of the nervous fluid, we may, I apprehend, account for the ſingular affection in the caſe before us.

This patient is affected with excruciating pain on the irritation occaſioned even by the moſt gentle touch, or ſlighteſt attempt to motion. And he complains even of conſtant pain, probably from that irritation which muſt ever be occaſioned by the circulation and ſuch other cauſes.

But, while ſuch a ſuppoſition would afford ſome ſolution for this phaenomenon, it is ſtill farther corroborated by the cauſe inducing the affection. There can, I apprehend, be little doubt that our patient is right in his conjecture, in at-

tributing the diſeaſe before us to a ſtroke. This ſtroke, although not ſo violent as to occaſion any wound, produced ſuch pain as to prevent, for ſome time, the uſe of the flexor muſcles of the fingers; and, with the continuance of this pain, the ſenſibility ſoon aroſe to its preſent height; in ſo much, that he dreads the moſt diſtant approach towards his hand, even in the moſt gentle manner. There can, then, I apprehend, be little doubt, that, by the ſtroke, though no wound was produced, an injury was done to the ſubcutaneous nerves; and that, from this, the diſeaſe is to be conſidered as ſolely originating. I would then conſider the caſe of the preſent patient to be one of thoſe anomalous affections of the nervous kind, to which no name can be given, and which is rather characteriſed by its peculiarity, than by any particular ſymptoms.

To the preſent caſe, as I have already obſerved, I have never ſeen any thing very ſimilar. Yet, in the caſe of Janet Wilſon, one of our clinical patients, during the winter-courſe, we had an affection which, to me, ſeemed, in its nature, ſomething to reſemble it. There, indeed, from the ſeat of the affection, I gave it the name of that genus of diſeaſe which the noſologiſts diſtinguiſh by the title

of

of Dyſphagia. But we had in her caſe, I imagine, an inſtance of difficult deglutition totally ariſing from increaſed ſenſibility. And from this alſo, there was both a conſtant uneaſineſs, as in the caſe before us, and an excruciating pain on being touched by ſolid ſubſtances, as in the action of ſwallowing.

I have heard of a caſe ſtill more nearly reſembling the preſent, which is mentioned by a celebrated teacher of medicine at London, in his lectures. In that caſe, without any evident diſeaſed ſtate, there was a pain ſimilar to the preſent, ariſing from the ſecond joint of the thumb, and on the ſlighteſt touch the moſt excruciating ſenſation was induced. With this patient the affection reſiſted an almoſt infinite variety of means of cure; and even the diviſion of the nerve leading from the thumb had no other effect but to produce a change in the ſeat of it. After the nerve was divided, the pain began, not at the thumb, as before, but immediately above where the inciſion had been made.

What, at length, was the fate of that caſe, I do not know. Were we, however, to form any conjecture as to the termination of the preſent from what we ſaw of that of Janet Wilſon, I ſhould

ſhould be diſpoſed to form a favourable judgment. And I own, that I do not here ſee any thing which can greatly alarm us. I conſider the patient, although he be in a very diſtreſſed ſituation, yet to be by no means in a highly dangerous condition. And, indeed, the nervous affections, in general, are more terrible than they are really dangerous. At the ſame time, in anomalous caſes, a judgment ſhould never be pronounced with very great confidence; and it is hard to ſay what turns they may ſometimes even ſuddenly take. I am ſorry, however, to obſerve, that, whatever may be the progreſs of this diſeaſe, we ſhall probably have but little opportunity of obſerving it. For our patient has now diſcontinued his attendance at the electricity, and I have not been able to learn where he lives. If, however, I can diſcover his place of reſidence, I ſhall reckon it worth while to attend to the diſeaſe, even although we may not be able to prevail upon him to make trial of any medicines. I muſt, however, own I am diſpoſed to think, that, without ſome artificial cure, the affection will be very tedious.

Before he came under our care, his diſeaſe had continued, with very little alteration, for the ſpace

of

of twelve months; and during that time it had resisted the use of various remedies. It is not improbable that all our attempts, should he ever return to be treated here, will not be more fortunate. Had he, however, continued attendance with us, I should, at least, have given a fair trial to different medicines, from which, I apprehend, something might have been expected.

Here it will naturally occur to you, from what I have said of the nature of the disease, that I consider the great object in the cure to be the restoration of proper sensibility to the nerves. The sensibility of the nerves, where there is no obstruction to the intercourse with the sensorium, I consider as depending on two circumstances; first on the condition of the sentient extremity; and, secondly, on the condition of the nervous fluid. And, as I consider the brain to be not one only, but a great number of secreting organs, I imagine the fluid may be morbidly altered in one nerve, while it is not so in another; and, I am disposed also to think, that, from an action on the extremity of any nerve, the state of secretion, at that part of the brain furnishing it with fluid, may be altered; for, in every case, impressions on the

extremity

extremity of a nerve are immediately communicated to its origin.

On theſe principles, then, I conſider the increaſed ſenſibility here as depending upon both the circumſtances which have been pointed out; perhaps, however, it depends more on a change in the ſtate of the nervous fluid than in the ſentient extremity of the nerve. At leaſt, that this took place, with regard to the caſe to which I have compared the preſent, was evident from the uneaſineſs remaining after the nerve was cut, and from its ariſing above the inciſion. Suppoſing this, therefore, to be the cauſe of the augmented ſenſibility, the proper ſtate is to be reſtored, both by an alteration in the condition of the nervous fluid with which the part is ſupplied, and of the ſentient extremities of the nerves with which it is furniſhed.

Thoſe who heard the obſervations which I offered on the caſe of Janet Wilſon, will not be ſurpriſed, that, with theſe intentions, I ſhould have had recourſe to electricity, eſpecially as I was diſpoſed to imagine, that it produced ſo good effects in that caſe. It may, at firſt ſight, indeed, ſeem odd, that I ſhould have here employed, for diminiſhing morbid ſenſibility, a remedy which is known to be

ſo

ſo powerful an agent in augmenting it, or reſtoring it when it is diminiſhed or loſt. But, I am inclined to believe, that theſe effects are produced in conſequence of its altering the ſtate of ſecretion, and that, by an analogous alteration, it will reſtore the nervous fluid to the natural ſtate when it is otherwiſe affected.

But, whatever be the principle of action, I am perſuaded, from facts, that electricity is capable of diminiſhing morbid ſenſibility. And, on theſe grounds, I directed it to the preſent patient. In a caſe, however, where, from the ſlighteſt touch, exquiſite pain was induced, it was neceſſary to begin with the utmoſt caution. On this account, I began by directing for our preſent patient the electrical fomentation, that is, the mere charging his body with electrical fire. In this way of exhibition, I am of opinion that the electricity operates as a ſtimulus to the whole ſyſtem. But it does not affect any part ſo immediately as if either ſhocks are given, or ſparks drawn from thence. It was on this account, therefore, that, at the ſame time, I ordered that a trial ſhould be made whether the patient was able to have ſparks drawn from the extremity of the fingers of the left hand. Almoſt contrary to expectation, I found

found, that, in this way, he was able to bear it. For, although it excited ſome pain, yet that pain was but of ſhort continuance.

After he had but for a ſhort time uſed the electricity in this manner, there was the appearance of ſome progreſs in the cure; for, although the pain from the touch ſtill continued, yet he was able to move his fingers a little. At this time, however, our electrical machine met with an accident, which neceſſarily gave an interruption to the cure, and it was not again got ſo ſoon out of the hands of the workman as could have been wiſhed. During this period, the patient called ſeveral times without being electrified; and, after repeated diſappointments, he at laſt forſook us. I muſt own, that I was very ſorry for this, both on his own account, as I imagined that he had ſome chance of recovery from it, and on ours, as it prevented the trial which we had in view. If I ſhall ever fall in with him again, provided his diſeaſe is in the ſame ſituation, I ſhall perſuade him to renew the uſe of the electricity. Of other meaſures, however, which ought afterwards to be taken, ſhould the electricity prove abortive, it is unneceſſary to ſay any thing, ſince there is but little proſpect

that

that we ſhall hereafter have any opportunity of treating this caſe.

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As this patient never afterwards returned to the Diſpenſary, the future progreſs and the event of his caſe are not accurately known. But ſome of the Gentlemen who attended the lectures, met him ſome months afterwards in the ſtreet, and he informed them, that his complaint ſtill continued nearly in the ſame ſtate as before. At that time he was under the direction of another practitioner.

CASE XIX.

Obſervations on a Caſe of Convulſio, treated with the Pilulae Caeruleae.

J—— M——, a man aged 29, by trade a ſhoemaker, admitted 18th of April 1777, is affected almoſt every evening, ſoon after going to bed, with convulſive motions of different parts

of his body, particularly of the legs and arms. The length of time for which theſe fits continue is conſiderably varied. Sometimes they laſt for half an hour, ſometimes for the ſpace of an hour, when they, in general, terminate by inducing a profuſe ſweat. During the continuance of the fit he is affected with dyſpnoea and vertigo. And for the moſt part it is attended alſo with an involuntary diſcharge by ſtool and urine. Immediately after the convulſive motions ceaſe, he, in general, falls aſleep, and reſts well during the night. He complains, however, of being much diſtreſſed through the day with a ſenſe of weight and oppreſſion about the praecordia; and he is alſo frequently diſtreſſed with flatulence.

His appetite is ſomewhat impaired, and his belly is bound, unleſs when he uſes purgative pills. But his pulſe and heat are natural.

He has been affected with theſe complaints for about the ſpace of three weeks. Before that, he was never ſubjected to any ſimilar affection; and none of his parents, or near connections, were ever known to be liable to any ſuch diſeaſe. During the fits none of his ſenſes are impaired; and he can ſpeak to thoſe around him, although not without difficulty.

He

He imputes his affection to exceſſive drinking of ſtrong liquors, with which he had been frequently intoxicated to a great degree before his fits began.

He has uſed ſome remedies with which he is unacquainted, and from which he has derived very little, if any relief. He is at preſent in the habit of taking Anderſon's pills, to ſuch an extent as to produce two or three looſe ſtools every day.

Intermittantur pilulae catharticae, et

℞ *Laudani liquidi guttas viginti quinque.*
Syrupi ſimplicis drachmas duas.
Aqua menthae unciam unam. M. Fiat hauſtem ſumendus omni nocte hora ſomni; nec non ſumat omni mane pilulam Caeruleam unam.

April 26. He has taken his medicines as directed, and he has had no fit for theſe ſeveral days paſt. But, about eleven o'clock this forenoon, he had a ſlight attack. His belly has been very bound; and, in order to obviate the coſtiveneſs, he has had occaſionally recourſe to the Anderſon's pill.

Intermittantur hauſtus; continuentur pilulae Caerulae, et capiat alternis noctibus pilularum ex colocynthide cum Aloe grana decem hora ſomni.

May

May 9. He had a very ſevere fit on Wedneſday laſt, which began about one o'clock in the morning, and continued near an hour. But he has had no other ſince the laſt report. He is, however, frequently affected with ſickneſs at ſtomach, and with vomiting. He has, in general, an eaſy ſtool every day ſince he began the uſe of the purgative pills.

May 16. He has had no fit ſince the laſt report, and he has been but little affected with the ſickneſs or vomiting. But he complains much at preſent of pain about the region of his ſtomach. Belly regular, although he has taken but few of the purgative pills.

Intermittantur pilulae ex Colocynthide cum Aloe; continuentur pilulae Caeruleae, et capiat pilulam unam mane et veſpere.

May 23. He had a ſevere fit on Friday night, and another on Saturday. But ſince that he has had no return of them.

Continuentur pilulae Caeruleae, ſed capiat pilulas duas omni nocte et pilulam unam omni mane.

May 30. He has had no fit ſince the laſt report. But he complains much of ſickneſs at his ſtomach. Yet his appetite is ſomewhat mended.

Continuentur pilulae Caeruleae, ut antea.

Obſer-

Obſervations delivered June 10.

The caſe of this patient is, in ſome reſpects, ſingular, and affords, I apprehend, an example of a diſeaſe not every day occurring in practice. His diſeaſe conſiſts of paroxyſms which give evident indication of their being of the nervous kind. Theſe, at their firſt commencement, were in ſome reſpects periodical, returning every evening at a certain hour. This ſtate of appearances, however, was but of ſhort duration, and, in no long time, he was ſubject to attacks of them with the ſame irregularity as if they had been fits of the hyſterical or epileptic kind. It may farther be obſerved, that to hyſterical and epileptic fits, they had, in ſeveral particulars, ſome reſemblance. And ſuch affections, it is well known, are, in the preſent age, by no means an unfrequent occurrence.

It would neceſſarily, therefore, preſent itſelf as a probable ſuppoſition, at leaſt, that the diſeaſe of our preſent patient may be a peculiar modification of either. When we examine, however, the caſe with attention, ſtrong objections appear to both ſuppoſitions. It cannot, indeed, be refuſed, that both diſeaſes put on very various appearances;

pearances; yet, amidſt all theſe, there are certain characteriſtical ſymptoms, which, with each, are uniformly preſent, and which, whatever may be the variety in the appearances, ſerve to point out the true nature of the affection.

Hyſteria, in every inſtance, is attended with a peculiar affection of the alimentary canal, and with a particular ſtate of mind, the patient being ſubject to a remarkable fluctuation of ſpirits, both in point of chearfulneſs and deſpondency. No indication, however, either of the one or the other, is to be found in the inſtance before us. The patient, indeed, as might naturally be imagined, is ſomething alarmed by the diſeaſe to which he has now become ſubjected. But, by this, the affection of mind which has been induced, approaches to the deſponding condition attending melancholia or hypochondriaſis; and there are no marks of that variable ſtate of temper which is the concomitant of hyſteria. Here, it muſt be allowed, that affections of the alimentary canal are not entirely wanting, and that theſe alſo conſtitute, as it were, a conſtant part of paroxiſm: For, we are informed in the hiſtory of the diſeaſe, that the firſt attack of the fits was attended with an irreſiſtible inclination to a diſcharge both

of

of foeces and of urine. Such a diſcharge, we muſt ſuppoſe to be cauſed by ſome involuntary muſcular action. And it might proceed either from the action of the containing organs, as the bladder and rectum, or from the action of other muſcles, as the abdominal ones, giving compreſſion to theſe viſcera. On the laſt of theſe ſuppoſitions, which, of the two, is not the leaſt improbable, we have, in this caſe, no proper affection of the alimentary canal. But, even adopting the firſt to be the real cauſe of the involuntary diſcharge, yet this is an affection very different from that murmuring of the belly, or ſenſe, of a ball riſing to the throat, which occurs in hyſteria. Beſides, although this appearance at firſt took place, yet it has for ſome time ceaſed; and he has had, even of late, ſeveral very ſevere fits, where there was no ſuch appearance. There can be no queſtion, then, that the eſſential ſymptoms of Hyſteria are here wanting, and that we muſt look for the affection under ſome other genus.

To the ſuppoſition of its being an epilepſy, which is an affection of the nervous kind, to which it has alſo ſome reſemblance, there are ſtill greater difficulties. Even in the convulſive agi-

tations

tations of the legs and arms, there is an obvious diſſimilitude. There the motions are violent, but without rapid ſucceſſion. In the caſe before us they are of that quick nature which gives the ridiculous contorſions in the chorea St Viti. Beſides this, a ſtill more eſſential ſymptom of the epilepſy is here wanting; for, during the whole continuance of the fit, the patient retains every ſenſe, and can even ſpeak tolerably diſtinctly. But, in epilepſy, this is by no means the caſe. The ſenſes, both external and internal, are manifeſtly affected. The recovery from the fit is, in general, with marks of delirium, and with incoherent ſpeech. And, I am even diſpoſed to conſider the total abolition of ſenſe, at leaſt, for ſome length of time, as an eſſential character of that affection.

In the preſent caſe, we have clonic ſpaſms of voluntary muſcles, without any affection of the mental faculties; and I look upon it as affording us a ſtriking inſtance of the Convulſio, ſtrictly ſo called. This affection, in different noſologiſts, you will find diſtinguiſhed by the titles of Chorea, Scelotyrbe, Hieranoſos, and the like. But, although it be divided by ſome noſologiſts into ſo many genera, yet it is by no means a common

mon complaint. I would not, however, be underſtood to repreſent it as never occurring. It is particularly known to practitioners under the form of what is called the Chorea St Viti; a diſeaſe in which ſuch odd motions occur, as afford, at the ſame time, an object of pity and of laughter. Beſides this, according to the muſcles affected, and the mode of the affection, it puts on various appearances. For the deſcription of theſe I may refer you to the practical writers in general, particularly to Dr Sydenham. You will, however, find a remarkable caſe of this affection related by Dr White of York, in a late number of the Medical Commentaries, and, from the hiſtory which he gives, it will appear, that this affection is, in ſome inſtances, much more diſtreſſing than it was with our patient.

From the favourable concluſion of that caſe, I ſhould be diſpoſed to entertain greater hopes of the preſent than I would do otherwiſe. I muſt, however, obſerve, that, reſpecting the prognoſis, I cannot here ſpeak with very great confidence. I do not, indeed, ſee any ſymptoms which threaten imminent danger; and I have, therefore, endeavoured, as much as I could, to quiet the apprehenſions of the patient. Such affections,

however, are, in general, the conſequence only of a change being, as it were, induced on the conſtitution. Hence, when they have once taken place, they cannot eaſily be removed. I ſhould not, therefore, be ſurpriſed, if the preſent caſe is found to reſiſt the efficacy of medicines for ſome time, or even at length to baffle our utmoſt efforts.

Such a termination is the rather to be feared, as there is ground for preſuming, that the patient will continue to be ſubjected to the cauſe at firſt inducing the affection. For, I have little doubt in adopting his own ſuppoſition, that it was the effect of frequent hard drinking. This is generally enumerated among the cauſes of convulſio by practical authors, and is, I believe, one of the moſt common. At leaſt, the only inſtance of proper chorea St Viti which I ever ſaw, was, I apprehend, with juſtice, to be attributed to the ſame cauſe. And, indeed, the unſteadineſs and ſhaking of the hands, which very generally occur from hard drinking, are, perhaps, not leſs an approach to this than to a ſtate of paralyſis.

Suppoſing this to be the cauſe, it is not to be doubted that he will again be expoſed to it; for, I am informed by the tradeſman to whom this patient is a journeyman, that he has, of late years, fallen

fallen very much into the habit of drinking; a habit which, when contracted, is not eaſily relinquiſhed. From this circumſtance, therefore, I conclude, that the cure will as much depend upon himſelf as upon any thing we can do for him.

While he continues to attend us, however, meaſures may, I apprehend, be taken with ſome proſpect of ſucceſs. And, I am even diſpoſed to think, that the diſeaſe has already, in ſome meaſure, yielded to the medicines employed.

I come next, then, to explain the principles on which I have hitherto proceeded, in what I have already done, and briefly to ſtate the future objects which I have in view.

I conſider all muſcular action to be the effect of nervous influence, whether the motion in that fluid be excited by the action of a ſtimulus, by the power of volition, or by any other means. I would then place the proximate cauſe of this diſeaſe in what we may call an inordinate motion of the nervous fluid. For exciting this motion a certain ſtimulus is requiſite, and that this ſtimulus again may have effect, a peculiar irritability of the moving fibre is neceſſary. We may, therefore, conſider two great objects as chiefly claiming our attention in the cure.

1. The

1. The removal of the exciting cauſes.

2. The removal of that condition of the moving fibre, without which theſe cauſes can have no effect.

If either the one or the other of theſe ends be compleatly obtained, it is evident that the acceſſion can no longer occur. To the firſt we are conſtantly and almoſt unavoidably expoſed. It is, therefore, chiefly on the laſt footing that a radical cure is to be expected. And, by the removal of ſuch a condition of the ſyſtem, not only convulſion, but even the much more obſtinate affection of epilepſy is ſometimes overcome.

In the caſe before us, ſome meaſures have been taken with both theſe intentions; but I chiefly depend, here, on the laſt. As the fits came at firſt by regular acceſſions, I imagined that ſome benefit might be derived from anticipating them. And it was with this view that I directed an opiate to be taken at the uſual time of the attack. With the intention alſo of ſecuring a regular diſcharge by the belly, and thus, at leaſt, preventing one cauſe of irritation, I have employed purgative pills. But I have chiefly truſted the cure to the uſe of the Cuprum Ammoniacum, under the form of the pilulae Caeruleae,

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than which, I know no medicine more powerful, as removing a diſpoſition to convulſive affections. And I had lately occaſion to treat a caſe of the epilepſy, where there is little doubt that this has been the means of obtaining a radical cure. It is my intention, therefore, to give it a fair trial in the preſent caſe; and, with that view, I have already augmented the doſe from one to three pills in the day. To this extent, it has had no other obvious operation than in ſupporting the ſickneſs at ſtomach, of which he complains. I am diſpoſed to think, however, that it has already had ſome good effect on his diſeaſe. I conſider it as, in a great meaſure, producing the long intermiſſions which have of late taken place. And I am even in hopes, that, by means of it, the cure may be effected.

If, however, I ſhould either be diſappointed, or the diſeaſe prove tedious, I have thoughts of conjoining with it cold bathing. And if both prove abortive, it is my intention to try this patient with the Puruvian bark. During this courſe, however, it is requiſite for him to avoid as much as poſſible every cauſe exciting the paroxyſms or ſupporting prediſpoſition. And, above all, I have enjoined ſobriety, on which, perhaps, more than

any

any other circumſtance, the cure in the inſtance before us muſt depend.

Sequel.

This patient continued on the uſe of the pilulae Caeruleae for ſome weeks longer. And, without either increaſing the doſe, or employing any other medicine, his affection was entirely removed, and his attendance at the Diſpenſary diſcontinued.

CASE XXI.

Obſervations on a Caſe in which ſevere periodical Pains of the Inteſtines were removed by the Uſe of the Pilulae Gummoſae.

A—— O——, a man in the fortieth year of his age, admitted May 10. 1777, by trade a baſket-maker, of a low ſtature, thin habit, and dark complexion, complains of being, at times, affected with very violent pain of his belly. This pain is attended with conſiderable ſwelling and diſtention

diſtention of the part, which ſeems to ariſe from wind, and on the diſcharge of wind, he is always relieved. This pain extends upwards from the under part of his belly, through his whole body, and it is particularly ſevere under his arm-pits. After a ſhort continuance the diſtention ceaſes; but he is affected with pain, to ſome degree, through the remainder of the day, after each attack; but, during the night, it in general ceaſes.

He is affected with an attack of this kind almoſt every day, particularly when the weather is cold. They are always preceded by the diſcharge of about two ſpoonfuls of an inſipid watery fluid from his mouth. And this he takes as a ſignal for looſing his apron and waiſtcoat; for, unleſs he does ſo, the ſwelling of his belly, and ſevere pain which inſtantly ſupervene, occaſion much greater uneaſineſs. During theſe attacks he complains of much thirſt; and, when the returns of the pain are frequent, he is troubled with obſtinate coſtiveneſs; at other times his belly is regular. His appetite is good; he ſleeps well; pulſe 64; heat natural.

He has been ſubject to theſe complaints for theſe twelve years paſt. And from the beginning

ning they put on nearly the ſame appearance as at preſent. But, of late, the attacks have become more frequent and more ſevere.

He knows no particular cauſe to which theſe complaints can be aſcribed; and he has uſed but few medicines, from which he has derived only very ſlight temporary relief. He obſerves, however, that, when his belly is looſe, his complaints are much eaſier; and nothing affords him ſo much relief, when his pain is very ſevere, as a warm cloth applied to his abdomen; which, however, is frequently ineffectual.

Capiat omni nocte hora ſomni pilularum Gummoſarum grana decem.

May 16. He diſcharges much wind downwards ſince he began the uſe of the pills; and they have the effect of keeping his belly gently open. He has had no return of the diſtenſion or violent pain. *Continuentur pilulae Gummoſae.*

May 23. He ſtill continues to diſcharge much wind downwards, and has had no attack of the violent pain ſince he began the uſe of the pills. Belly regular.

Continuetur medicamentum.

May 30. He continues free from any return of his pain, and is in other reſpects in perfect health.

Obſervations

Observations delivered June 3.

The case of this patient had very soon a favourable termination under our care; or, at least, he received such intermission from his affection, that I judged it unnecessary for him to continue his attendance any longer. I would, however, by no means be astonished if he should be again affected with a return of his former ailments; and, I must own, that the relief he obtained from his complaints was much sooner than I should have expected. For, I consider his case as by no means without singularity. It is easier, I apprehend, to form a probable guess as to the nature of this affection, than to give it either a proper name, or to explain all the phaenomena. It is evident, that the essential part of his disease consists in pains beginning in the abdomen; and these, while they continue, subsist with very great violence. Among some nosological writers, all pains of the intestines not arising from any fixed cause, are referred only to the general head of Colica. To the bestowing this denomination on the present affection there is, however, some objection. From its transitory nature, as well as from the

frequency of its returns, it differs in appearance, at leaſt, from what is generally known by the title of Colica. And that, too, even when colica ariſes from flatulence, which manifeſtly appears to be the cauſe in the inſtance before us.

But, beſides this, there are ſeveral other peculiarities in the preſent caſe. As an example of theſe, we may mention the particular ſymptom preceding the attack: The uncommon flow of ſaliva into the mouth. In what manner this is connected with the other parts of the affection, I muſt own, I am totally at a loſs to ſay. It is, indeed, obvious, that an increaſed ſeparation of fluids by the ſalivary glands, is the effect of many different pecuniar ſenſations. Thus, for example, it ariſes not unfrequently from particular ſounds. We may, at leaſt, conjecture, therefore, that it is produced, in the preſent inſtance, by a cauſe ſomething ſimilar, and that it depends on a peculiar ſenſation ariſing from the bowels, which precedes the violent pain.

I may here obſerve, that this is not the only inſtance in which I have known ſuch an appearance to occur. I have had occaſion to treat two caſes of epilepſy, in which a flow of inſipid watery fluid into the mouth was the forerunner

of

of the attack. And there I was disposed to imagine that it might be explained on the supposition now thrown out. But whether, in the one case or the other, the supposition was well founded, I will not pretend to affirm.

As the affection of this patient is singular in the circumstances preceding the pain, so it is also in the consequences of it, or at least in the direction in which it is propagated. We are told, that, in every attack, it begins at the under part of the belly; and that in the pained part there is a manifest swelling and distention. It is soon, however, propagated from the part where it has its origin, through the trunk of the body in general, and it terminates, as it were, under the arm-pits, in which it is particularly severe. From what cause it is determined in this particular direction, I cannot pretend to say. Some would be disposed to refer it to the continuity of membranes; while, at the same time, they would refer the severity of it under the arm-pit, to the termination and interruption of these.

To this reasoning, I must own that I know no very strong objection; at the same time, I can hardly consider it as confirmed by the phaenomena; for, although, in particular cases, as in the

the preſent, pain may always follow a certain direction; yet when we compare together different caſes, the courſe in which pains are propagated is very much varied, while, at the ſame time, in all theſe inſtances, the connection of the membranes is the ſame. I am, therefore, diſpoſed to conſider the direction in which it is propagated, to be, in each caſe, the conſequence of the particular condition of the parts which are more eſpecially affected. But, at the ſame time, it is probably rather from the condition of the nerves in the part than of the ſimple ſolids.

Yet, on whatever footing we are to explain the appearances which are either the forerunners or the conſequences of the preſent attacks, we can, I apprehend, be in little doubt in aſcribing the principal part of the complaint to an affection of the ſpaſmodic kind; and we muſt conſider this ſpaſmodic affection to ariſe from diſtenſion of the inteſtines by wind. This is equally evident, both from the ſwelling of the belly, and from the relief which the patient receives on the diſcharge of wind.

On this idea of the nature of the affection, I did not deſpair of being able to bring about a cure, or, at leaſt, of alleviating the ſeverity of the

the pains, and of diminiſhing the frequency of the attacks. When I conſidered, however, the violence of the attacks, I was diſpoſed to think, that it would not be eaſily effected. And when I reflected, that it had ſubſiſted for the ſpace of twelve years, I imagined it would not be brought about in a ſhort ſpace of time. While, therefore, I looked for a favourable termination, I yet dreaded that the caſe would be tedious. In this, however, it appeared, from what afterwards happened, that my apprehenſions were groundleſs.

I conſidered the cure of this affection as turning on two circumſtances. The firſt was the frequent expulſion of wind from the inteſtines, by which the cauſe inducing the ſpaſmodic affection would be taken off; and the ſecond, the removal of the diſpoſition to ſpaſm, from which, although the irritating cauſe might, in ſome meaſure, remain, yet it would ſoon ceaſe to be productive of the former effect. It was with the view of anſwering both theſe intentions that I had here recourſe to the uſe of the pilulae Gummoſae, in which I truſted chiefly to the ſtimulant and antiſpaſmodic powers of the aſſa foetida.

There is little reaſon to doubt that this medicine fully anſwered the intentions which I had in view.

view. From the time that our patient began to uſe this medicine he had a free diſcharge of wind downwards, and it ſeemed to have further the effect of occaſioning a regular evacuation of foeculent matter by ſtool: For, during the uſe of the pills, his belly was moderately open. With theſe changes, the patient was at the ſame time freed from any return of the violent pain; and, after ſuffering no relapſe for the ſpace of a month, I thought it unneceſſary to perſiſt any longer in the uſe of the medicine. I diſmiſſed him, therefore, for the time, at leaſt, cured. I will not, however, ſay that he will continue free from any returns. But, if this ſhould be the caſe, we will probably hear of him again, and, by the uſe of the ſame medicines, his complaint, I hope, may be removed.

* * * *

This patient has not again made application at the Diſpenſary ſince he was diſmiſſed. And when inquiry was made after him at the end of ſeveral months after he was diſmiſſed from the Diſpenſary, he ſtill continued free from any return of his former complaint; and in other reſpects in perfect health.

CASE

CASE XXII.

Observations on an obstinate cutaneous Affection of the leprous Kind.

E—— R——, a woman in the thirty-fifth year of her age, of a moderately full habit, and middle stature, has, on different parts of the trunk of her body, an eruption, appearing under the form of dry white coloured scales, rising a little above the surface of the skin. Her legs and arms are also overspread with an eruption of the same kind; but few appear on her face. These dry scabs are of different sizes; some of them less than a sixpence, others larger than a shilling.

These white scurfs sometimes spontaneously fall off, and the parts below appear preternaturally red, but are not in any degree ulcerated, and never manifestly discharge any matter. When the white dry scurfs fall off, the parts below are somewhat hot and itchy, but not to any great degree. And, in a short time, they are again gradually covered

covered by other white ſcabs of the ſame nature.

She is never free from this affection for any part of the year; but the erruption is uſually obſerved to be moſt extenſive during ſpring and autumn. Beſides the eruption, ſhe complains alſo of being frequently affected with head-ach, attended with ſome degree of vertigo, which principally attacks her in the morning; and is, for the moſt part, eaſier towards night. Her appetite is good; her heat natural; and her pulſe beats about eighty ſtrokes in the minute. Her belly and menſes are regular.

This eruption firſt appeared about fourteen years ago, and was then nearly to as great an extent as at preſent. During the period of its continuance, it has, at different times, yielded to medicines directed for the removal of it. But ſhe has never been long free from it. She does not know what the medicines were. But, about five years ago, when ſhe was in the Royal Infirmary for this complaint, where ſhe remained for the ſpace of about ſixteen weeks, ſhe received very conſiderable relief from the uſe of pills, which had the effect of looſing her teeth.

She

She aſcribes this complaint to her having eat much ſalmon, and afterwards drunk freſh milk; as, ſoon after ſhe had done ſo, the preſent affection began. None of her parents or near relations have ever been ſubjected to any ſuch complaint. And her diet, as well as her mode of living, in other reſpects, has been in no particular different from that of other people of her own rank.

℞ *Mercurii Corroſivi ſublimati grana quatuor ſolve in aquae purae uncias ſeptem, et ſolutioni adde Spiritus Lavendulae compoſiti unciam unam. M. Capiat ſemunciam omni nocte horae decubitus.*

May 13. She has taken the ſolution regularly; and it has never produced any ſweat during the night: But the firſt doſes griped her a little, and occaſioned ſome looſe ſtools in the morning. Now, however, it neither produces gripes nor looſeneſs; but ſhe does not obſerve any obvious change in the eruption, or on the ſtate of her other complaints.

Continuetur medicamentum, ut antea.

May 16. Her ſymptoms continue as before, and ſhe has no uneaſineſs from the ſolution.

Continuetur medicamentum.

May 23. The eruption is somewhat diminished on the trunk of her body, but on her arms it continues much in the same state as formerly. In other respects, however, she now thinks that she enjoys better health than at the time when she began her medicines. *Continuetur solutio.*

May 30. The eruption on her arms is nothing diminished; and that on the trunk of her body is rather increased since last report. The solution has of late occasioned much sickness at stomach, and severe gripes, with some looseness; but it has never had any effect in producing moisture on the skin during the night.

Intermittatur solutio Mercurii corrosivi sublimati, et

℞ *Acidi Vitriolici drachmam unam.*
Aquae purae sescunciam.
Syrupi simplicis semunciam. M.
Capiat drachmam unam ex aquae cyatho omni mane.

June 10. The mixture with the vitriolic acid occasions sickness at stomach, but without vomiting. She still complains of gripes, and is particularly affected with them in the afternoon, when they are in general attended with some degree of looseness. The eruption on her arms,

and

and alſo on the trunk of her body, is greatly diminiſhed ſince ſhe began this medicine.

Continuetur miſtura Vitriolica. Sed capiat drachmam unam mane et veſpere; nec non capiat, bis in ſeptimana, Salis Glauberi ſeſcunciam ex Aquae ferventis unciis octo pro cathartico.

June 17. The two doſes of Glauber's ſalts operated rather ſeverely. But the mixture with the vitriolic acid ſits eaſily on her ſtomach. And the eruption is now almoſt entirely gone from every part of the ſurface of her body, excepting a little about the wriſts and ancles.

Continuetur mixtura Vitriolica ut antea, et repetatur Sal Glauberi bis in ſeptimana, ſed capiat unciam unam ſolummodo pro ſingulis doſibus.

Obſervations delivered June 24.

The affection under which this patient labours, at leaſt the far greater part, is an obvious one. It affords us an evident example of a cutaneous diſeaſe, and that, too, not leſs extenſive than diſtinctly marked in its appearance. Some parts, indeed, of the ſurface of the body, are more affected with it than others; and this is particularly the

the caſe with reſpect to the ſuperior extremities. But, beſides theſe, the inferior extremities alſo, and the trunk of her body, when ſhe came under our care, were in many places covered with the ſame eruption. But, excluſive of the diſeaſe obviouſly appearing, there were alſo marks indicating here a general affection of the ſyſtem. For, of ſuch an affection the head-ach and vertigo, to which ſhe is frequently ſubjected, afford undoubted evidence. Theſe, however, are not to be conſidered as by any means conſtituting a ſeparate diſeaſe, or giving what could be viewed as a complicated affection. They are merely to be conſidered as ſymptoms from the cutaneous affection, and that, probably, depending on the diſcharge by the ſurface.

Notwithſtanding the extent of the diſeaſe, however, it would appear that her health, in ſeveral reſpects, is very little affected. Her pulſe and heat are at the natural ſtandard, while, at the ſame time, the diſcharges by ſtool, urine, and other excretions, are in a healthful condition, and her appetite is unimpaired. I could, therefore, conſider her as being ſubjected to no other diſeaſe but the obvious cutaneous affection.

Of

Of the diſtinction of cutaneous affections, and of the general cauſes to which they are to be attributed, when ſpeaking of ſome other caſes, I have already had occaſion to make ſome remarks. According to the diſtinction which I then attempted to eſtabliſh, there can be no doubt in referring the preſent caſe to the head of the Lepra. And here I find very diſtinctly almoſt all the characters of the lepra, as defined by the greater number of noſologiſts. True, indeed, it is here ſaid, that there is neither any itchy nor painful ſenſation from the eruption. And, it is to be obſerved, that the former of theſe, the itchy ſenſation, is introduced into the definition of lepra by moſt noſologiſts. But it cannot, I imagine, be conſidered as an eſſential part. And, notwithſtanding the account given by our patient, it is, I think, extremely doubtful, whether this ſenſation has been entirely wanting.

Of all the ſpecies deſcribed by Mr Sauvages, the preſent moſt nearly reſembles his Lepra Graecorum, or, as it is called ordinarily the Lepra. And, it is here to be obſerved, that the parts affected are without pain, and, in ſome meaſure, inſenſible. Thus, in as far as any itchy ſenſation does occur, it is chiefly confined to the parts ſurrounding the ſcabs.

This

This affection, it is to be obſerved, takes place but rarely in this country; and, I may ſay, that I never before ſaw an inſtance occurring preciſely in the ſame form as the preſent. The eruption is more dry and ſcaly, and, at the ſame time, theſe ſcales ſmaller in ſize, and extending farther over the body, than is generally the caſe.

From every circumſtance, I was diſpoſed to conclude, that we ſhould find this affection very obſtinate. The diſeaſe, in the ſtate here deſcribed, is generally remarked to be ſo. But, it may be conſidered as ſtill farther unfavourable in the inſtance before us, as it is by no means in a recent ſtate. Before the patient came under our care, it had already ſubſiſted fourteen years, and, during that period, a great variety of medicines had been tried in vain. To ſome, indeed, we are told, that it ſeemed for a little time to yield; but it ſoon again returned to its former condition. When, therefore, there is thus far evidence of its being rooted in the conſtitution, we cannot reaſonably expect an expeditious cure; and there is even reaſon to apprehend, that, in the end, we ſhall be as much foiled as other practitioners have been.

been. I may, however, assert, that the attempts to cure which we have already made, have not been altogether without effect. And I am not without hopes that we shall be able to dismiss this patient considerably relieved, and that she will, at least, continue so for some time.

I have formerly observed, that, with respect to the principles on which the practice, in such a case, ought to proceed, I am much at a loss. These are, in a great measure, to be accommodated to the particular cause from which the affection more immediately arises; and while such causes are, in their nature, very different, they cannot always, with any degree of certainty, be ascertained.

In the case before us, there are few circumstances throwing much light on the particular causes which have operated. In this way, there is no conclusion to be drawn from the remote causes. The patient herself ascribed her affection to the eating of fish with milk. For this conjecture, however, I am disposed to think there is no foundation. Not only patients themselves, indeed, but practitioners also, are led to consider the use of fish as a powerful cause of cutaneous diseases; and I do not mean to deny that it

it may be the caſe. But, when this happens, it is not the effect of a ſinge meal, but of the long continued uſe of fiſh, and of theſe as then conſtituting the greateſt part of the aliment.

Here, however, the diſeaſe is aſcribed to the uſe of fiſh at one meal only, and then to the imprudent mixture of them with milk, which ſhe took at the ſame meal. Though ſuch a mixture is very generally forbid, I am inclined to conſider it as merely a popular prejudice. And, at any rate, if it gave riſe to a cutaneous affection, we might conclude, that it would be merely of a tranſitory nature; ſuch as is frequently obſerved to proceed in ſome habits from the uſe of ſhell-fiſh; and, indeed, in particular conſtitutions, from the action of different articles of aliment on the ſtomach.

From the obſtinacy and extent of the affection with this patient, I was inclined to conſider the diſeaſe as in a great meaſure depending on the general ſtate of the fluids. Hence, I imagine that a cure was chiefly to be expected from an alteration of the maſs of blood. And, it is not improbable, that a radical recovery, if it be obtained, will be more the effect of diet than of medicines. It is on the idea now mentioned, however, that I have

thoughts

thoughts of attempting the cure rather by internal than by external meaſures. Though I muſt, at the ſame time, confeſs, that the remedies which I have already employed, are uſed rather on an empyrical than on a rational footing.

I have already ſaid, that I look upon the greater part of cutaneous affections as to be cured rather by external than by internal means. And, I imagine, that even the latter ſometimes have influence by topical action on the affected parts after entering by circulation.

How far the medicines which we have here uſed may have acted on theſe principles, I ſhall not pretend to ſay. But, I am inclined to think, that this is particularly the caſe with reſpect to the firſt medicine which we employed, the mercurial. I am perſuaded, that there is not a more powerful medicine than mercury, where a change is required in the general maſs of the fluids. At the ſame time, I ſuppoſe it to act alſo as a ſtimulant, and as an evacuant by different excretories from the body. It exerts theſe effects more eſpecially on the excretories at the ſurface when it is thrown into the ſyſtem in an acrid or ſaline ſtate. And of all the acrid mercurial preparations, I conſider the

corrosive sublimate mercury to be the most powerful.

I was, therefore, in hopes, that, in the present instance, it might have been productive of good effects. It is often, however, inconvenient, as it occasions gripes, and other affections of the alimentary canal, especially when it is continued for a considerable length of time without intermission. With the present patient, after some weeks continuance, it produced these effects. And as, during that time, the progress to cure was, at the utmost, but very slow, I substituted in its place a different medicine.

The medicine I then ordered was, indeed, one which, in such complaints, has been very little used. And I chiefly employed it in the present case, as I imagined, that, if it succeeded in an affection so obstinate, it would afford me the strongest confirmation of its efficacy. This medicine was the vitriolic acid, taken internally. It was first, I believe, introduced in this manner against cutaneous affection in the armies of his Prussian Majesty, as a cure for the itch. Since that time it has been much used in the continent of Germany, particularly at Goettingen, by Doctor Baldinger, one of the most eminent professors there, as a cure,

cure, both for the Scabies Sicca and Humida. The ſucceſs which it has had in his hands is ſufficient, I think, to lead to future trial; and with the preſent patient, the appearances are, at leaſt, ſo far flattering. She had not uſed it for many days, when the eruption, even where it was the worſt, was very much diminiſhed. In this ſituation, however, I reckoned it prudent to have recourſe to the uſe of repeated purgatives. Not that I dreaded any thing from what is generally called the repulſion of the eruption, but, becauſe I concluded that it muſt occaſion a change in the circulation, from which there was ſome inconvenience to be apprehended. And ſuch inconvenience in practice, I think, I have already had occaſion to experience. In one inſtance in which I uſed the vitriolic acid againſt an eruption of the herpetic kind, very ſoon after it was begun, the progreſs to cure appeared to be very rapid. But the removal of the eruption was ſucceeded by a dropſical affection, which I was inclined to attribute to the cure of the cutaneous diſeaſe, and which, I thought, might have been avoided by affording another outlet. It was with the intention of affording ſuch, that I here employed the ſaline purgative. It was uſed, however,

ever, only with the view of obviating conſequences; and, in this caſe, it is my intention to try, at leaſt, for ſome time, what can be effected by the internal uſe of the vitriolic acid alone. If this do not ſucceed, I have thoughts of applying it externally, united with hogs lard. In ſuch an union it forms an ointment by no means inelegant, which I am inclined to think will poſſeſs ſeveral advantages over the ointments made with ſulphur as their baſis.

Should all theſe meaſures fail, there are ſtill many others which may be had recourſe to. But it is unneceſſary to ſuggeſt any thing at preſent, as, after the trial already propoſed, I ſhall be directed by the appearances which may then take place.

Sequel.

The eruption, which had overſpread every part of this patient's body, was, in the ſpace of a few weeks, almoſt entirely gone. In this ſituation it was thought unneceſſary to continue the vitriolic acid to the ſame extent as before. It was, therefore, ordered to be given in ſmaller doſes, and leſs frequently repeated than before. But, not long

long after this change had been made, ſome freſh ſpots appeared on her arms. And theſe could neither be made to yield to the external uſe of the vitriolic acid, nor to the external application of it in the form of ointment. After theſe medicines had been tried for what was thought a due length of time, recourſe was had to a ſecond trial of the corroſive ſublimate mercury. A ſolution of this was both taken internally, and applied outwardly to the affected parts in the form of poultice. To theſe meaſures this local affection, at leaſt, yielded; for no eruption returned on the trunk of her body, or on the inferior extremities. And, about the end of October, ſhe was diſmiſſed from the Diſpenſary, free from her complaints. But, ſince the beginning of April, her former affection has returned; and ſhe is again a patient at the Diſpenſary.

CASE XXIII.

Obſervations on a Caſe of Haemoptyſis.

J—— H——, a man in the fifty-firſt year of his age, by trade a blackſmith, admitted the

the 2d of June 1777, is affected with a very violent cough, which is at present attended with the expectoration of a viscid yellow-coloured matter. At different times he has expectorated very considerable quantities of florid red blood, nearly in the same state as if it had been discharged from a vein. About two weeks ago he thinks that he also discharged a considerable quantity of blood by vomiting; and he frequently discovers a little in the matter which he at present expectorates. But the matter discharged has neither any foetid smell nor disagreeable taste. He is also affected with considerable difficulty of breathing, great oppression and pain at his breast, and a very high degree of debility, in so much that he can walk only in the most infirm manner. His habit is, to appearance, very much exhausted, being remarkably thin and spare, which, he says, was not formerly the case. When there is a considerable discharge of blood, it eases both the cough and difficulty of breathing for a short time. But these symptoms soon again return, and he thinks that his complaints are increasing in violence. He sleeps ill in the night; his appetite is much impaired; his pulse beats about ninety-six strokes in the minute; and his belly is, in general, regular.

He

He has been affected with his preſent complaints, particularly with the bloody expectoration, at times to ſome degree, for theſe ſeveral years paſt. And the debility which they have induced, has been ſo great, that, for theſe laſt three years, he has been almoſt totally incapable of working.

He attributes theſe complaints to cold, to which he was expoſed before the commencement of them, and which, at that time, induced ſevere cough. He has uſed many medicines, with the nature of which he is unacquainted. And he has never reaped any conſiderable relief from them.

℞ *Infuſi Roſarum uncias duas;*
Mucilaginis gummi Arabici,
Syrupi ſimplicis, ſingulorum unciam unam.
Aquae Hyſſopi uncias tres. M.
Capiat jemunciam tertia quaque hora.

June 10. The mixture ſits eaſily on his ſtomach; but he has had frequent returns of the bloody expectoration, to a conſiderable extent; and he is ſtill very much diſtreſſed with cough. His pulſe beats an hundred ſtrokes in the minute; but it is at preſent neither hard nor full; and his belly is regular.

Con-

Continuetur miſtura, et

℞ *Pulveris Salis Nitri,*
Pulveris gummi Arabici, utriuſque ſemidrachmam. M. Capiat doſin veſpere et mane.

June 17. The mixture ſits eaſily on his ſtomach; but he complains of having been affected with gripes from the powders. His breathing is now conſiderably relieved, his cough is ſomewhat eaſier, and he has had no bloody expectoration ſince the laſt report. Pulſe an hundred; belly regular.

Intermittatur pulvis Salis Nitri. Continuetur Miſtura, cum infuſo Roſarum, ut antea.

July 1. He has taken none of the mixture for ſome days paſt. And he ſtill continues free from the bloody expectoration; but he is affected with much cough, which is particularly ſevere during the night; and he complains alſo of pains in his breaſt, and other parts of the trunk of his body. Pulſe ninety-four; belly regular.

Intermittatur miſtura, et

℞ *Mucilaginis gummi Arabici,*
Syrupi ſimplicis, ſingulorum unciam unam.
Tincturae Thebaicae drachmas duas.
Aquae Hyſſopi uncias quatuor. M.
Capiat unciam unam omni nocte hora decubitus.

Ob-

Observations delivered July 8.

That this patient is subjected to disease, is evident even from the most slight attention to his appearance. In his emaciated habit, we have evident indication of some cause giving exhaustion of the general system; and, from his mode of respiration, there can be little doubt in fixing this cause to be in the breast; although, at the same same time, the description given by the patient would seem to lead to a different supposition. For, according to his account, he was affected about a fortnight before he came under our care with a severe vomiting of blood. This might therefore lead to a suspicion, that the cause of the affection was rather in the stomach than in the lungs. Or, in other words, that the principal part of the affection to which he is subjected is rather Haematemesis than Haemoptysis. Here, however, it is to be observed, that, between these two, patients are not always very accurate in their distinctions. They are apt to include under the title of vomiting, almost every preternatural discharge by the mouth. And, in this case, there is particularly room for deception,

when, by the action of vomiting, the expectoration of blood is promoted. That the blood with our present patient is in reality discharged by expectoration, is evident from the mixture still appearing in what is spit up from the lungs by coughing.

The presumption, therefore, is, that the supposition of our patient, as to his discharging blood by vomiting, is a mistake, especially when we consider that Haematemesis is but a rare affection; and very generally occurs only as a symptom of other complaints. I would here then consider the evacuation of blood as wholly a Haemoptysis. And this is the rather probable, from the other complaints with which it is conjoined, particularly from the cough. Cough, indeed, may be conjoined with Haematemesis as well as with any other affection; but it is by no means a symptom peculiar to it, or characteristical of it. On the contrary, it is an universal concomitant of the Haemoptysis, and it must, indeed, be a constant symptom of every disease where matter is lodged in the breast.

It is to be observed, however, that the cough occurring in Haemoptysis, takes place in very different states. Sometimes there is merely a

short

ſhort tickling cough without any ſeverity; and this is to be conſidered as proceeding from no other cauſe than from the irritation which the blood occaſions in the air veſicles. This, perhaps, is the moſt common ſtate of the cough; and hence, in ſome of the beſt definitions, it is characteriſed by the title of Tuſſicula. Where the Haemoptyſis is with this ſtate of the cough, it may be conſidered as the effect, either of a peculiar determination to the lungs, or of a general plethoric habit. And the haemorrhage occurring, is to be viewed always as being of the active kind, that is, as depending upon the action of the blood-veſſels themſelves being augmented and giving rupture; not on a rupture proceeding from other cauſes, and a conſequent diſcharge of blood merely from the ordinary impetus of the circulation.

In caſes of ſuch active haemorrhage, beſides the ſtate of the cough, the affection is alſo diſtinguiſhed by other marks of a plethoric habit, particularly by a fluſhing of the countenance, and a general florid ſtate of complexion, by a ſenſe of weight and oppreſſion, and particularly, by what may be called a haemorrhagical diſpoſition, that is, a tendency to the evacuation of blood by

by other parts, as well as by the veſſels of the lungs. All ſuch appearances, however, whatever may have been the caſe formerly, are at preſent, at leaſt, wanting in the inſtance before us, and the cough is here diſtinguiſhed both by frequency and ſeverity.

A diſcharge of blood may take place from the lungs, in conſequence of paſſive haemorrhage, as well as from that of the active kind. And, among other cauſes inducing a rupture of veſſels, violent cough is to be juſtly enumerated. It occurs, therefore, as a queſtion of ſome importance, Whether the haemorrhage with our preſent patient be of this or the former kind? And, I muſt own, that, from the ſtate of the cough, together with the preſent condition of his habit, I am diſpoſed to view it now, at leaſt, whatever may have formerly been the caſe, as of the paſſive kind. It is true, indeed, that, beſides dyſpnoea, which may be conſidered as a conſequence of the air veſicles being filled with other matter, this patient complains alſo of a pain at his breaſt, which is, perhaps, to be conſidered as one of the ſtrongeſt marks of increaſed action, or what is called haemorrhagic effort, giving riſe to increaſed diſcharge. But, it is to be obſerved, that

pain,

pain, as well as cough, is of different kinds; and, it is not improbable, that the pain here occurring is merely the conſequence of oppreſſion and of general uneaſineſs, particularly, as it is not remarked that it is attended with any ſenſe of heat, which is an almoſt conſtant concomitant of that peculiar increaſed action.

But, although, from theſe conſiderations, I would view the haemorrhage, as at preſent, of the paſſive kind, yet I would not infer that it has always been ſo; for, from beginning in a different ſtate, it may have given riſe to a debilitated condition of the veſſels, and may have even been the origin of ſome fixed cauſe producing the cough. Of this there is ſome preſumption from the continuance of the affection, and from the extent of the haemorrhage giving the appearance of vomiting. Yet, when I conſider the cauſe of the affection, as far as that is obvious, we may perhaps conclude, that, from the beginning, it was of the ſame nature as at preſent.

But any inquiry reſpecting the original ſtate of this patient's diſeaſe, is now perhaps immaterial, as the treatment is unqueſtionably to be accommodated to his preſent condition. And, reſpecting this, there is another queſtion of greater

conſequence

conſequence claiming attention, that is, whether we can conſider him as ſubjected to the Phthiſis Pulmonalis, or not. I have formerly had occaſion to point out three different cauſes giving origin to Phthiſis. Theſe were, Catarrh, Tubercle, and Haemorrhage. Whenever, therefore, Haemoptyſis exiſts, there is reaſon to dread Phthiſis Pulmonalis as a conſequence. And, in a diſeaſe which makes its progreſs ſo imperceptibly, every ſymptom giving any indication of it is particularly to be attended to.

In the caſe before us, there are ſome particulars which favour the ſuppoſition of a phthiſis, and, it may be imagined, that it is in conſequence of ulceration or vomica pulmonum originating from this cauſe, that the cough is ſupported for ſo long a time, and with ſuch ſeverity. The ſtate of expectoration alſo may be conſidered as giving ſome countenance to this ſuppoſition. For there is here room for ſuppoſing that the yellow viſcid matter expectorated is of a purulent nature. It muſt be owned, that we are ſubjected to ſome difficulty from the want of a proper diagnoſtic between pus and mucus. It is well known, however, that both the particulars mentioned as deſcriptive of the matter in the preſent inſtance, the yellowneſs

yellowneſs and the viſcidity are ſtrictly properties of mucus. The latter is even more a property of mucus than of purulent matter; and here there are, at leaſt, ſome of the moſt common marks of pus wanting, particularly a foetid ſmell and taſte. I would then conſider this mark, at leaſt of a phthifical affection, to be wanting. And, from the circumſtance of the viſcid mucus alone, we may, perhaps, explain the ſeverity and frequency of the cough.

It is farther to be obſerved, that other characteriſtic marks of Phthiſis are alſo wanting. Though his breathing be affected, yet it is not obſerved to be particularly laborious when he lies on either ſide. The pain of the breaſt is not fixed to any particular ſpot; and, although his pulſe be quick, yet it is not with thoſe regular acceſſions which diſtinguiſh the hectic fever. Beſides, even the circumſtance of the continuance of his diſeaſe alone may be conſidered as an objection to the ſuppoſition of phthiſis. Before he came under our care he had been liable to the haemorrhage for the ſpace of three years. If, however, the phthifical affection had occurred when the haemorrhage was greateſt, we may conclude, that, ere this time, our patient would have been cut off. And, it is

well

well known, that haemorrhage not unfrequently occurs from the lungs without inducing Phthiſis: For this laſt is the conſequence of ulceration and ſuppuration ſucceeding the rupture of veſſels; and ſuch a ſuppuration is rather to be conſidered as proceeding from a depraved condition of the lungs, than following as a neceſſary conſequence from a rupture of veſſels. When ſuch a habit does not exiſt, the rupture is naturally healed up by the firſt intention.

From all theſe circumſtances, then, I am diſpoſed to conſider the preſent patient as not yet, at leaſt, ſubjected to the phthiſis. And, on this ſuppoſition, his chance for recovery is unqueſtionably better than we ſhould otherwiſe pronounce it to be. I muſt, however, view the preſent caſe as being, upon the whole, of a very dangerous tendency. It is ſo in every inſtance, even in the ſlighteſt. But it is particularly dangerous when it has continued for ſo long a time. After this has been the caſe, we can hardly expect to prevent a return, even from the ſlighteſt accident; and the utmoſt that can be looked for, is, I imagine, to give a temporary relief to the patient. I am much afraid, that, by this affection, or the conſequences of it, our patient will yet be cut off;

and,

and, although I, at preſent, ſuppoſe him free from Phthiſis Pulmonalis, it may nevertheleſs ſoon occur.

It is, however, our buſineſs to take ſuch meaſures as may ſerve to remove his preſent complaint. The general principle on which this is to be effected, muſt, in ſuch caſes, in a great meaſure, turn upon the condition of the patient. Even where the haemorrhage is of a paſſive kind, and the quantity of blood in the ſyſtem not morbidly augmented, it is yet ſometimes neceſſary to diminiſh the impetus of circulation. For, in the ordinary impetus, we may have a cauſe capable of ſupporting the haemorrhage; and, from the reduction of this below the natural ſtandard, other remedies will operate with greater ſucceſs. Where, however, the ſtate of the general impetus is ſuch, as to preclude any meaſures; with this view it may yet be neceſſary particularly to diminiſh the impetus at the lungs, and that either by reſtraining the action of the veſſels there, or by promoting a determination to other parts.

With theſe different intentions now mentioned, blood-letting, cathartics, bliſters, iſſues, emetics, and various other articles, are, according to circumſtances, employed with advantage. In ſome caſes, however, none of theſe practices are admiſſible,

miſſible, particularly in caſes where the patient, as in the inſtance before us, is much exhauſted. The farther diminution of impetus, even allowing that a morbid augmentation of it ſhould be demonſtrated by an increaſed quickneſs of pulſe, is not to be attempted by evacuants. The utmoſt that can be done is to moderate it by the uſe of refrigerants. In ſuch a caſe, the great object to be aimed at in the cure, muſt be the conſtriction of the bleeding veſſels, and the removal of every circumſtance which can give riſe to a freſh rupture.

It was on theſe principles that I expected to give, at leaſt, temporary relief to this patient, and I put the chief dependence on ſuch a medicine as I thought would have ſome chance of producing conſtriction of the veſſels. With this intention, I might have employed many different aſtringents; but I conſidered none as preferable to the Infuſum Roſarum. I do not ſuppoſe it powerful from any great efficacy which it derives from the roſes, although theſe, it muſt be allowed, do poſſeſs an aſtringent quality, and enter this formula to ſuch an extent, that we may expect the utmoſt effects which they are capable of producing. But there can be no doubt, that we poſſeſs other vegetable aſtringents

aſtringents ſtill more powerful; and I conſider the chief efficacy of this medicine as ariſing from the vitriolic acid entering its compoſition. While, however, I exhibited it as an aſtringent, I wiſhed alſo to employ it as a means of alleviating the cough. And it was with this intention that I have united the Infuſum Roſarum with the mucilage of gum Arabic, ſimple Syrup, and Hyſſop water.

Theſe articles, of themſelves, would have formed a mucilaginous mixture; and, although they were conjoined with aſtringents, yet I did not think that this would diminiſh their power of lubricating and ſheathing parts againſt irritation. I hoped, therefore, that by this means the ſevere cough, which I conſidered as the chief cauſe giving riſe to the rupture, might be mitigated.

But, while I formed theſe expectations from this preſcription, I did not think it adviſable to truſt to it alone; and, although I could not here venture on evacuants as a means of reſtraining the impetus of circulation, yet, while our patient's pulſe continued to beat an hundred ſtrokes in the minute, I conſidered ſomething as neceſſary with this intention. With this view, then, I had recourſe to nitre as a refrigerant, and, that it might

fit

ſit more eaſily on the ſtomach, I combined it with the gum Arabic; from which alſo I expected ſome good effects as a demulcent. The former of theſe medicines, his mixture, ſeems, in a great meaſure, to have been attended with the deſired effect; for, after the uſe of it for ſome time, the cough was not only mitigated, but he had no return of bloody expectoration. The latter preſcription, however, did not ſeem to have had much influence on the ſtate of circulation, and, as our patient imagined it had the effect of producing gripes, I thought it adviſable to omit it.

During the continuance of the mixture for about a fortnight, he remained perfectly free from the ſpitting of blood. Still, however, the cough was ſevere, and particularly ſo about bed-time. While, therefore, I ſaw no farther immediate occaſion for employing aſtringents, I reckoned the means of mitigating the cough ſtill more neceſſary; and it was with this intention that I omitted the Infuſum Roſarum, and introduced a proportion of an Anodyne. What effect this preſcription has had, however, I have not yet learned; but, I hope, it may have had ſome influence, as diminiſhing the cough; and, if this be the caſe,

caſe, there is, at leaſt, a better chance that he will not be ſubjected to a return of the haemorrhage. This, however, I imagine is hardly to be expected; but if it do return, unleſs the circumſtances of his caſe be much changed, I ſhall, probably, have again recourſe to the ſame meaſures as formerly.

Sequel.

This patient had afterwards ſome return of the haemoptyſis, but to a ſlight degree only. And, without the uſe of any other medicines than thoſe before directed, he was diſmiſſed from attendance at the Diſpenſary about the beginning of Auguſt. His ſtrength was then conſiderably recruited, and all his other ſymptoms much mitigated.

CASE XXIV.

Obſervations on a Caſe in which violent Pains in the Stomach and Bowels, ariſing from Flatulence, were removed by the uſe of Aſa foetida.

R—— M——, a man in the thirty-eighth year of his age, admitted the 14th of June 1777,

1777, of a dark complexion, and middle ſtature, complains of being affected with violent pain about the cartilago enſiformis, which, from thence, extends downwards, through the abdomen. The attacks of this pain are not of very long continuance; but they return, at ſhort intervals, with great ſeverity. They are always ſomewhat relieved upon a diſcharge of wind, either upwards or downwards. And he obſerves, that, after every meal, he diſcharges wind in great quantities, by eructations. He is often, alſo, affected with borborygmi, attended with local diſtenſions of the inteſtines, from wind.

When the pain is very ſevere, he is affected with violent head-ach and ſlight ſhiverings. But, although theſe ſymptoms only attend very violent attacks of the pain, yet the uneaſineſs about the cartilago enſiformis is, in ſome degree, conſtant; and, in the mornings, even without very violent pain, he has alſo ſome degree of head-ach.

His pulſe beats about ſeventy ſtrokes in the minute; his belly is regular; and he ſleeps well in the night; but his appetite is impaired.

He has been ſubject to theſe complaints, to a conſiderable degree, for theſe three years paſt. They are ſomewhat eaſier during the winter; but

but they always return with increaſed violence in the ſpring ſeaſon. He aſcribes this affection to a jaundice, to which he was ſubjected about eleven years ago, as, ſince that time, he has never been entirely free from ſome affections in his bowels, although it be only ſince the period mentioned above that they have appeared in the preſent form.

He has, at times, uſed different medicines, and particularly, he has lately taken Anderſon's pills for ſome length of time, but without deriving any relief from them.

℞ *Aſae foetidae,*
Aloes Socotorinae,
Saponis Hiſpani, ſingulorum drachmam unam.
Syrupo ſimplici fiat maſſa, dividenda in pilulas granorum quinque.
Capiat grana decem omni nocte hora ſomni.

June 24. He has, in general, one or two looſe ſtools every day from the pills. He is now leſs affected with flatulence; but he ſtill complains of uneaſineſs at the ſcrobiculus cordis. He thinks, however, that it is now lower ſeated than formerly. And he has been leſs affected with headach; but he ſtill complains of weakneſs.

Continuentur pilulae, ut antea.

July

July 1. The pills have now no farther effect than that of keeping his belly gently open. His head-ach continues eaſier; and he complains leſs of weakneſs. But he is ſtill affected with pains at the under part of his belly.

Continuentur pilulae, ut antea.

July 8. He has had four looſe ſtools from the laſt doſe of the pills. For ſome time paſt he has had no return of the violent pain at the pit of his ſtomach; and all his other ſymptoms are very conſiderably relieved.

Continuentur pilulae; ſed capiat grana quinque ſolummodo omni nocte.

July 15. The pills ſtill keep his belly gently open, although he takes but one every night. He continues free from any return of the ſevere pain at the cartilago enſiformis; and is very little affected with any of his former complaints.

Let him be diſmiſſed; but let him continue to uſe the pills occaſionally.

Obſervations delivered Auguſt 1.

With regard to the name of the diſeaſe of this patient, there is ſome difficulty; but, as to the nature of it, I apprehend there is little room for doubt. By much the moſt urgent part of his complaints

complaints is a pain in the abdomen, in such a situation, that there is a possibility of its arising from the different viscera, particularly, we might conjecture the seat of it to be in different parts of the alimentary canal. It may either originate from the stomach or from the large flexure of the colon. But, whether it be seated in the one or the other, that it is not from any fixed cause, appears from two circumstances. In the first place, it is not a constant pain, but returns only at times; and, secondly, it is not confined to the place at which it originates, but is propagated from thence downwards, through other parts of the abdomen. To this it may be further added, that no fixed affection can be discovered on the most accurate examination of the place at which the pain commonly begins, and that the pain, on the discharge of wind, is considerably relieved.

From this last circumstance, we have not only a proof that it does not depend upon any fixed cause, but we are led even to form a probable conjecture, if not to arrive at certainty, respecting the cause which induces it; and there can, I apprehend, be little doubt, that wind confined in the alimentary canal immediately gives rise to the pain. We may even, I imagine, go one step further, and conclude, that

this wind acts in inducing the affection, from being pent up in the ſtomach. Of this, I apprehend, there is ſufficient evidence from the relief given by eructations, and from farther obſerving that eructations are uniformly remarked to be the conſequence of eating. I conſider, therefore, the moſt urgent ſymptoms in this caſe to be the immediate effect of wind in the ſtomach. Beſides this, however, he is affected with ſome other ſymptoms, particularly head-ach and ſhivering. But theſe are well known to be frequently the conſequence of an affection of the ſtomach; and that they are ſo in this caſe, is, at leaſt, highly probable; for the head-ach and vertigo are obſerved only to occur when the pain from the wind is violent. We may, therefore, I imagine, conſider wind in the ſtomach as the cauſe of all the ſymptoms with which this patient is affected.

For properly underſtanding the nature of the diſeaſe, however, it is neceſſary to conſider from whence the wind in the alimentary canal ariſes. This we can conceive to be the effect only of two cauſes; Either it muſt proceed from latitude being afforded for the extrication of an uncommon quantity of air from the ordinary matters employed in aliment,

ment, or, it may proceed from ſubſtances being employed in aliment, from which air muſt be extricated to a very great extent. In the caſe before us, there is, I imagine, reaſon for ſuppoſing that both cauſes, in ſome degree, operate. That it is, in ſome meaſure, the effect of aliment, may be inferred from the particular ſeverity of it during the ſpring ſeaſon. It is well known, that then the flatulent vegetables are employed in greateſt abundance. But the preſumption is, that this was neither the ſole, nor even the principal cauſe, otherwiſe it ſhould not occur with the preſent patient in ſo much higher a degree than with other people. We may conclude, therefore, that there alſo took place with him that peculiar ſtate of the ſtomach moſt favourable for the extrication of wind. This, however, is well known to be the conſequence of a weakened tone, which probably operates, principally, as giving riſe to a greater remora of the food in the ſtomach, than would otherwiſe take place. On this footing, then, the real nature of the diſeaſe may be ſuppoſed to conſiſt in chronic weakneſs of the ſtomach; and, for my own part, I ſhould have little heſitation in giving it the appellation of Dyſpepſia.

It

It muſt, however, be allowed, that the characteriſing marks of that affection, as defined by the beſt Noſologiſts, are not here preſent. But, if we conſider this term as applied to ſtomach-ailments, theſe here are ſufficiently marked in the pain of the ſtomach, attended with flatulency and eructations.

Any obſervations on the prognoſis are now, in a great meaſure, precluded, as the patient is already diſmiſſed free from complaints. I may, however, obſerve, that the termination was more ſpeedily favourable than I expected. I did not, indeed, conſider the affection as in any degree dangerous, but I was of opinion we ſhould find it tedious; for, although the ſymptoms were not numerous, they had proceeded to a very great degree of violence. Of this there was ſufficient evidence in the ſhiverings, head-ach, and other affections of the ſyſtem which it produced. But, beſides the ſeverity, they had already been of a conſiderable ſtanding. He had been ſubject to this affection for the ſpace of three years, nearly to the ſame degree as when he came under our care. And he had been affected with ſome ſymptoms even for the ſpace of eleven years before. We might, therefore, imagine, that the

ſtate

ſtate of the ſtomach which we have here ſuppoſed to take place, was in ſome meaſure rooted in the conſtitution, and that it would by no means be eaſily removed. I muſt now add, that, although this patient has been diſmiſſed free from complaints, I do not ſuppoſe an entire removal of this affection to have taken place. And, although the cauſe be not eradicated, the conſequences reſulting from it on the ſyſtem may, for the time, be removed, and the patient obtain, by this means, at leaſt a compleat temporary cure.

This, I imagine, to have been the utmoſt that took place in the caſe before us. Yet, even this is to be reckoned an object of ſome conſequence; and, unleſs ſome freſh exciting cauſe occur, it may be the means of producing even a radical cure. From ſuch a temporary relief, the tone of the ſtomach has a better opportunity of being reſtored, than perhaps from the uſe of any medicine whatever.

The next object of inquiry is, How far this relief has been effected by the means proſecuted while the patient was under our care? Here, on the idea which we have given of the nature of the diſeaſe, the great object of cure was the reſtoration of a proper tone to the alimentary canal.

And

And this we may conceive to be effected on one of two principles; either by the uſe of ſuch meaſures as immediately act in increaſing the tone of the ſtomach, or by the removal of ſuch cauſes as ſerve farther to weaken it. It was on the latter of theſe principals that I here attempted the cure; and, with this view, I employed a combination of aloes and aſa foetida. From theſe I hoped, that, in conſequence of the antiſpaſmodic power of the medicine, the wind would no longer be pent up in the ſame manner, and that, by the ſtimulus which it would occaſion to the alimentary canal, the action of the ſtomach and inteſtines might be ſo far augmented as to prevent that ſlow progreſs and detention of the aliment which might give riſe to any generation of wind. Theſe different intentions ſeem to have been fully anſwered by this medicine. For, while it had the effect of operating as a gentle cathartic, the patient was, at the ſame time, freed from all uneaſineſs from wind; and, while the pain became leſs ſevere, it ſeemed alſo to have ſhifted its ſituation; for, he ſoon afterwards deſcribed it to be ſeated lower in the bowels, and he had not continued the uſe of his medicine for any long period when it was entirely gone. In this ſituation,

tion, I reckoned it unneceſſary, either to put the patient on the uſe of any other medicine, or to direct longer attendance. He was, therefore, diſmiſſed, with injunctions to give us information if he ſhould be ſubjected to any return of his complaints. But I have ſince had occaſion to ſee him oftner than once, and he ſtill continues in good health.

Sequel.

This patient has not, as far, at leaſt, as we can learn, been ſince ſubjected to any return of his diſeaſe.

CASE XXV.

Obſervations on a Caſe in which Lumbrici, lodged in the inteſtinal Canal, were removed by the uſe of Calomel and Tincture of Jallap.

J—— A——, a boy in the third year of his age, admitted June 10. 1777, has of late been obſerved frequently to diſcharge worms of the

the lumbricous kind, which, in general, are about eight or ten inches in length. He complains of pain in his belly and breaſt, which is not conſtant, but attacks him, at ſhort intervals, with conſiderable violence. He is frequently obſerved to pick his noſe. He is often affected with teneſmus, and he makes frequent attempts to diſcharge urine without being able to paſs any.

He ſleeps tolerably well during the night. But he is affected with conſiderable thirſt; and his appetite is much impaired. His belly is, in general, regular; but with the teneſmus he diſcharges a ſlimy mucous matter. In the ſtate of his urine there is no preternatural appearance.

He has now been affected with theſe complaints for about the ſpace of three weeks. His mother knows no cauſe to which they can be aſſigned. And he has uſed no medicines, excepting a ſingle doſe of rhubarb.

℞ *Calomelanos granum unum,*
Conſervae Roſarum quantum ſufficit, fiat bolus ſumendus hora ſomni; nec non
℞ *Tincturae Jallappae ſemunciam,*
Syrupi ſimplicis uncias duas. M. Capiat ſemun-

ſemunciam cras mane, et repetatur omni hora donec ſupervenit catharſis.

June 13. The bolus ſat eaſily on his ſtomach, and the purgative operated briſkly. During the operation of it, he diſcharged two large worms, each about ten inches in length.

Repetatur bolus, ut antea, veſpere die Solis, et Catharticum mane die Lunae.

June 17. He has not got his medicines as directed. No more worms have been obſerved to be diſcharged ſince laſt report, and he ſtill complains much of the pain of his belly.

Habeat medicamenta, ut antea praeſcripta.

June 20. He has taken the bolus and purgative as preſcribed, the laſt of which operated briſkly, and he has diſcharged one large worm. Another was obſerved at the anus; but it again made its way into the inteſtine.

Repetantur bolus, et catharticum, ut antea, bis in ſeptimana.

July 1. He has taken his medicines twice ſince the laſt report. From the firſt purgative he diſcharged five worms; from the laſt, ſix. All of theſe were about eight inches in length. He does not now complain of the gripes; but he is ſometimes obſerved to pick his noſe, and to grind his teeth during his ſleep.

Repetantur medicamenta, ut antea.

July 11. He has taken his medicines twice ſince the laſt report. From the firſt purgative he diſcharged two worms; but the laſt did not operate.

Repetantur medicamenta, ut antea.

July 29. He has diſcharged three worms by each of the laſt purgatives; one of them was about eleven inches in length, the others were rather ſmaller. He has taken no medicines for theſe eight days paſt; during that time, no worms have been obſerved. He does not now complain of gripes, and his other ſymptoms are conſiderably diminiſhed.

Continuentur medicamenta, ut antea.

Obſervations delivered Auguſt 1.

In the caſe of this patient, we have an example of a diſeaſe, reſpecting which we can, I imagine, entertain no doubt. The principal ſymptoms which here occur, the pain of the breaſt and belly, accompanied with a teneſmus, are ſuch as may ariſe from different cauſes. When theſe, however, are accompanied with picking of the noſe, it gives preſumption that they may originate from

from worms. But this preſumption, in the caſe before us, is put beyond all doubt, from the diſcharge of worms by ſtool.

When we have, thus, certain evidence of the exiſtence of theſe animals in the alimentary canal, there can be no heſitation in pronouncing them to be the cauſe of all the ſymptoms. And the preſent caſe affords an inſtance how little dependence is to be put on particular ſymptoms as diagnoſtics of worms, which ſome are diſpoſed to conſider as affording certain evidence whether they be preſent or not. Of theſe many, particularly ſwelling of the upper-lip, on which ſome are diſpoſed to put ſo much confidence, are here wanting. And as, in caſes of ſcrophula, it may often take place, when there are no worms, ſo it appears alſo, that it may be abſent when theſe are really preſent in the alimentary canal.

As giving riſe to worms, in the preſent caſe, no particular cauſe is aſſigned; we may conclude, however, that the ova, or firſt rudiments of them, have been accidentally introduced into the alimentary canal, and that they have been generated there in conſequence of their finding a proper nidus. It is from the circumſtance of the more ready introduction of the ova, that worms

are

are particularly apt to occur as a cauſe of diſeaſe during the ſpring ſeaſon, when undreſſed vegetables are much taken. And it is probable, that ſuch a cauſe may have operated here.

Reſpecting the termination of this caſe, there are, I think, grounds for entertaining favourable expectations. Although, from what we have already ſeen, we may conclude, that they have been preſent in the bowels to a conſiderable number, yet they have induced no ſevere ſymptoms. And, while theſe ſymptoms were of no long continuance, before he came under our care, they have ſo far at leaſt already yielded to the medicines uſed. I hope, therefore, that, in a ſhort time, his preſent complaints may be brought to a favourable termination, eſpecially as the worms, which are the cauſe of the preſent affection, the Teretes, or, as others have called them, the Lumbrici, are, of all the different kinds, the moſt eaſily combated.

In the caſe before us, unqueſtionably the great object of the cure is the expulſion of the worms themſelves, and of the ova. While, however, they are alive and vigorous, they exert efforts for retaining their place; hence, it is of great advantage, before employing the means of expulſion, to weaken and debilitate worms. With

theſe

theſe intentions, various remedies are in common uſe. And I might here have employed, as a means of diminiſhing or deſtroying the vital power of the worms, the decoction of cabbage-tree bark, or other articles ſuppoſed to be of the higheſt efficacy. But I was unwilling to venture on the uſe of a remedy which I had not before tried, with ſo young a patient. I had, therefore, recourſe to calomel, with the view of killing the worms, or debilitating their power; and to the tincture of jallap, combined with ſimple ſyrup, for the expulſion of them. In theſe medicines we have uniformly perſiſted ſince this patient came under our care; and, in their operation, for the moſt part, we have not been diſappointed. Every different doſe has been attended with the diſcharge of ſeveral worms; and now he appears to be in no degree affected with ſymptoms from worms. I am, therefore, hopeful, that few, if any worms, now remain. While, however, there is any appearance of worms from the uſe of cathartics, I ſhall not think of diſcontinuing his medicines. But I hope, that, for effecting a radical cure in the preſent caſe, I ſhall not be obliged to change his medicines; and that he may ſoon be diſmiſſed from any farther attendance here.

Sequel.

Sequel.

This patient was continued on the medicines, at firſt directed, for ſome time longer. As there was neither any diſcharge of worms, nor any recurrence of his former ſymptoms, he was then diſmiſſed, and ſtill continues in perfect health.

CASE XXVI.

The Hiſtory of a Caſe in which a Worm, about fifty Inches in length, of that Kind which is denominated the Teniae, was diſcharged from the Inteſtinal canal, by the uſe of the Powder of the Root of the Male Fern; ſucceeded by a Cathartic.

M—— C——, a woman in the ſeventy-third year of her age, admitted September 17. 1777, often obſerves that ſhe diſcharges, by ſtool, living worms, which, on examination, appear to be portions of a Teniae. The fragments diſcharged are of very different ſizes. Some of them are not one tenth of an inch in breadth,

breadth, others above three-tenths. The thickneſs of either does not exceed one twelfth of an inch. They are of different lengths; but they are ſeldom leſs than half an inch, and rarely exceed an inch. They are all of a white colour, and manifeſtly conſiſt of different joints.

She complains of pains in her right-ſide, which frequently ſhift their ſituation. And ſhe is affected with great debility in her right-leg. This debility is ſo far conſtant as to occaſion a halt in walking. But it ſometimes increaſes ſuddenly to ſo great a degree, that ſhe falls down in the ſtreet; and, previous to ſuch attacks, ſhe is affected with great ſickneſs at ſtomach. In a ſhort time, however, ſhe again recovers, in ſome degree, the ſtrength of the affected leg, ſo as to be able to walk, although not without difficulty. She has, at times, the ſenſation of temporary local ſwellings in the left ſide of her abdomen, which do not ſeem to her to ariſe from wind.

Her pulſe, heat, and appetite for food are in the natural ſtate; and her tongue is clean; but her belly is, in general, bound, and ſhe ſleeps ill in the night.

She has now been obſerved to diſcharge portions of this kind of worm for theſe thirty years paſt,

paſt. And, during all that time, ſhe has been affected with ſome of her preſent ſymptoms, particularly the pains in her belly. But ſhe was firſt affected with the weakneſs of her leg about twelve months ago.

She has, formerly, applied to ſeveral different practitioners, and has uſed many medicines, particularly powder of tin and tincture of rhubarb. From theſe laſt medicines ſhe has, at different times, paſſed three worms of the ſame kind which ſhe diſcharges at preſent, which were either entire, or, at leaſt, very large portions. One of them meaſured about one hundred and forty-eight inches in length; another ſeventy-four inches; and the third about eighteen inches. But, after theſe were brought away, ſhe ſoon again came to diſcharge ſmall portions in the ſame ſtate as at preſent; and ſhe was never entirely freed from the pains in her belly.

Capiat cras, hora ſeptima matutina, Pulveris Radicis Filicis non ramoſae drachmam unam, ex Aquae purae cyatho; nec non

℞ *Calomelanos, Gambogiae, utriuſque grana tria. Pulveris Cremoris Tartari ſeſcunciam, Syrupi ſimplicis quantum ſufficiat. M. Diligenter ſubigens, ut fiat electuarium; capiat circiter partem*

partem dimidiam cras hora undecima ante meridiem, et poſtea capiat drachmam unam omni hora donec ſupervenerit Catharſis.

September 23. As the medicine directed could not be immediately procured, ſhe did not get it till yeſterday morning. The powder occaſioned very conſiderable ſickneſs at ſtomach, but neither induced vomiting nor looſeneſs. The cathartic began to operate about two hours after it was taken, and, during the operation, ſhe diſcharged ſeveral fragments of the worm. The longeſt of theſe was about two feet in length, and nearly about three-tenths of an inch in breadth at every part. The ſhorter fragments were moſt of them much narrower, and one of them terminated in a point not broader than the ſize of a thread. The whole fragments, taken together, as far as they could be collected, meaſured about fifty inches. This morning ſhe has diſcharged ſome more fragments, which appeared to be dead when they came away.

Repetantur medicamenta ut antea, cras mane.

September 30. The doſe of the powder taken on the morning of the 24th, occaſioned very

conſiderable ſickneſs at ſtomach, and from the cathartic ſhe had ſeveral looſe ſtools. But no portion of any worm was obſerved to be diſcharged. Nor has ſhe obſerved any in her ſtools ſince that time. She has been for ſome days entirely free from the pains in her abdomen; and at preſent ſhe complains only of the weakneſs of her leg. But ſhe has of late had no attacks of that ſudden loſs of ſtrength, from which ſhe was before in danger of falling down.

Intermittantur medicamenta, et illinatur oleum camphoratum femori dextro omni nocte hora ſomni.

October 10. She ſtill complains of weakneſs, and of ſome degree of pain in her right leg and knee. But ſhe continues free from the pains in her abdomen; and no more fragments of the Taenia have ever been obſerved to be diſcharged by ſtool.

Continuetur Oleum Camphoratum ut antea.

October 17. There is no farther appearance of any portion of the Taenia. But the affection of her leg continues nearly in the ſame ſtate as before.

Continuetur Oleum Camphoratum; nec non accipiat

cipiat quotidie ictus electricos quatuor ad gradum tertium; et eliciantur ſcintillae electricae e femore affecto.

Sequel.

This patient continued the electricity for the ſpace of ſome weeks, but without recovering the natural vigour of her leg. And as, in this ſituation, ſhe did not expect to be farther benefited by it, ſhe gave up attendance at the Diſpenſary. But, during the whole courſe of her attendance, after the remedies for the expulſion of the Taenia were given her, ſhe continued free from all her other ſymptoms. And, at the end of ſeveral months after ſhe had diſcontinued her attendance at the Diſpenſary, ſhe had never obſerved any more portions of the Taenia diſcharged by ſtool.

Obſervations.

As this patient did not make application at the Diſpenſary till after the ſummer courſe of caſe-lectures for the year 1777 was terminated, her complaints were never made the ſubject of lecture.

ture. But, as this is the firſt caſe in which I have ever uſed the powder of the fern root againſt the Taenia, and as it has not, as far as I can learn, been much uſed in this country, I imagined that the publication of it might not be unacceptable. I need not obſerve, that, in this caſe, my practice proceeded on the publication which has lately been made, by authority of the French government, of the medicines employed againſt the Taenia by Madam Nouffer. And the preſent caſe affords, at leaſt, ſome additional confirmation of the efficacy of that medicine, which was before ſupported by ſeveral trials made under the direction of the moſt eminent practitioners in Paris.

I have lately been informed, that a ſecond edition of the Engliſh tranſlation of their publication, for which we are indebted to that induſtrious phyſician Dr S. F. Simmons, will ſoon be publiſhed. And I hear that Dr Simmons has collected the hiſtories of ſeveral caſes in which it has been uſed with ſucceſs in Britain, both againſt the Taenia Lata and Vermis Cucurbitinus. Theſe hiſtories he intends to add to the ſecond edition of his tranſlation; and it is to be hoped that they

they will afford full satisfaction to every medical practitioner, both with regard to the success and safety of the medicine, and likewise with regard to the most effectual mode of administration.

Concerning the present case, two questions naturally occur: How far the cure is to be considered as effectual and radical? and how far it depended on what Madam Nouffer terms her specific, the Fern Powder? Perhaps to neither question a positive answer can be given. Yet I must observe, that, with regard to the first, I am inclined to think, that the fern powder here had very considerable influence. I am indeed fully aware of the good effects which may be obtained in the expulsion of worms of any kind, or indeed any other foreign matters from the intestinal canal, by strong and drastic cathartics, although they possess no specific power. And such an evacuant must unquestionably be afforded in the purgative which Madam Nouffer directs to be given after her specific. A brisk operation was here derived from that exhibited to our patient, although the dose was by no means so strong as Madam Nouffer recommends. It may farther be observed, that it is not improbable

bable that the gamboge has more influence than merely as a cathartic. Perhaps, while it operates as a purgative to the human ſyſtem, it has alſo the effect of acting as a poiſon to the Taenia. At leaſt, gamboge, united to the ſal abſinthii, conſtitutes a medicine which has been very highly celebrated for the expulſion of the Taenia from the inteſtinal canal. That is the remedy of Dr Herrenſchwand. From theſe different circumſtances, then, there is, perhaps, room for ſuppoſing that the Taenia, with our patient, was expelled in conſequence of the uſe of the cathartic. Yet, when we conſider that, in Dr Herrenſchwand's practice, the gamboge is exhibited to a much greater extent than is either ordered by Madam Nouffer or was given to our patient, and that the fern powder alone produced very conſiderable ſickneſs at ſtomach, we may reaſonably preſume, that the expulſion of the worm was, in a great meaſure, owing to the influence which it exerted.

How far a radical cure of this affection has been obtained, is perhaps a queſtion of ſtill greater difficulty. Yet the relief which ſhe has had from all her ſymptoms, and the length of time which

has

has now elapſed, without the appearance of any more fragments of the worm, give ſome ground for hoping that ſhe may not be ſubjected to a return of it. Yet, when we conſider that much larger portions had been before diſcharged by other medicines, it cannot ſeem extraordinary, if, from the continuance of ſome part of it in the inteſtine, ſhe ſhould again be ſubjected to a return of her former affection.

Mr Darwin, who officiated as medical aſſiſtant at the Diſpenſary at the time when this patient's caſe was treated, and who, beſides extenſive knowledge in every branch of medicine, is alſo eminently diſtinguiſhed for his acquaintance with natural hiſtory, had the firſt opportunity of examining this worm after it was diſcharged. He found it to be one of that kind which Mr Linnaeus has diſtinguiſhed by the name of the Taenia Lata. But he could diſcover no circumſtance, farther than is mentioned in the hiſtory of the caſe and ſubſequent reports, from which even a probable conjecture could be formed, whether all the fragments belonged to the ſame worm, or to different ones.

DE LAUDIBUS

GULIELMI HARVEI

ORATIO.

DE LAUDIBUS

GULIELMI HARVEI

ORATIO,

Habita in Ædibus Academiae Medicae, prope aulam Collegii Regii Chirurgorum Edinburgenſis,

Ipſis Calendis Aprilis, 1778,

Binis jam elapſis ſeculis ab ipſius natali.

Auctore ANDREA DUNCAN, M. D.

Col. Reg. Med. Ed.; Soc. Med. Ed.; Phil. Ed.;
Phil. Americ.; Med Havn.; Socio:
Ac Valetud. Edin. Med. Sen.

EDINBURGI:

Venales Proſtant apud C. ELLIOT,
In Area Parliamentaria.

M,DCC,LXXVIII.

COLLEGIO REGIO

MEDICORUM LONDINENSI

Haec, qualiacunque,

In Socii Beatissimi Memoriam,

Summa Veneratione

Dicat

ANDREAS DUNCAN.

ANDREAS DUNCAN

LECTORI

S.

SEQUENTES paginas, Lector benevole, ex proprio penu nequaquam deprompsi. Tum verbis tum sententiis virorum illustrium ubique fere usus sum; atque ex illorum copia inopiam meam sublevavi. Horum igitur haud mihi fas est ferre honorem. Attamen, si inceptis laudatio sit decernenda, benevolentiam indulgentiamque tuam exoptare licebit. Mendas vel corrigas vel condones enixe precor. Molimina nostra aequi bonique consulas, oro obsecroque. Vale.

Edinburgi, ex Ædibus Academiae Medicae Prid. Cal. Maii, 1778.

Ex quo illuſtriſſimus Harveus circularem ſanguinis motum novum jam in medicina fundamentum invexit, nihil mirum ſi neoterici, diruto caduco aedificio, prope novam inſtaurandam curaverint artem medicam.

Bonetus.

DE LAUDIBUS

GULIELMI HARVEI

ORATIO.

MEDICINÆ DOCTORES ORNATISSIMI,
CHIRURGI SOLERTISSIMI,
ARTIS SALUTIFERÆ STUDIOSI GENEROSISSIMI,
AUDITORES DENIQUE HUMANISSIMI,

NULLA re, ut praeclarus olim observavit philosophus, homines ad deos propius accedunt quam salutem hominibus dando. Pulchrum igitur, imo honorificum, esse de arte medendi bene mereri nemo certe inficias ibit. Atque bene meritos etiam laudibus prosequi haud absurdum. Hodiernus vero dies luculentissima virtutum exhibet exempla; et latissimum oratori videtur praebere campum, ubi discurrere liceat

 auditores

auditores oblectando, pariterque monendo. Volventibus enim annis denuo redit illustrissimi Harvei dies natalitius. Bina jam elapsa sunt secula ex quo sanguinis circulationis Inventor vitalem primo hausit auram. An ullus magis laudibus affici meretur, quam ille qui orationem instituit annuam in commemorationem aliorum, qui beneficiis suis in rem medicam claruerunt? Cujus, quaeso, memoria ad seros etiam nepotes magis accepta descendere debet, quam illius qui tot vivus peregit, tot mortuus perfecit?

Expectatis igitur forsan, quotquot adestis, auribus arrectis, animisque intentis, differentem protinus audire hodiernum concionatorem de prima origine, summa utilitate, atque denique post homines natos maxima dignitate, inventi Harveiani. Non omnia tamen possumus omnes. Neque mihi nunc convenit in aequore magno ventis vela dare. Haud multis igitur nunc opus, cum in hoc sermone de vita, inventis, ac meritis illustrissimi Harvei, breviter in animo sit differere. Atque, si quantum cuperem possem

quoque,

quoque, haud nunc deficeret oratoria commendatio. Non tamen dubitandum, quin apud cordatos molimina etiam laudi fuerint. Eſt quodam prodire tenus, atque in magnis ſaltèm voluiſſe, ſi non datur ultra. Haud dubito igitur quin noſtros defectus indulgentia veſtra facile excuſatos habebit, cum feſtinante atque impari calamo rem tantam aggrediamur.

Vos igitur, auditores optimi, oro, obſecroque coeptis adſpirate meis; favete linguis; atque benigne nunc accipite quae de viro celeberrimo in medium proferre decrevi.

Natus eſt Gulielmus Harveus, ſtemmate haud ignobili, Folkſtoniae, in agro Cantii, ipſis Calendis Aprilis, anno poſt Chriſtum natum milleſimo quingenteſimo ſeptuageſimo octavo. Literarum humaniorum elementa in ſchola publica Doroberniae primum didicit. Exinde, annum agens decimum quartum, Academiam Cantabrigienſem petivit. Poſtea apud exteras regiones medicinae ſtudio incubuit. Inter alios doctores, apud gymnaſium Patavinum viri celeberrimi

Fabricii

Fabricii ab Aquapendente praelectiones audivit. Studiorum curriculo tandem obito, Medicinae Doctor creatus est.

Laboribus academicis ita peractis, haud sine industriae atque ingenii laudibus, sub proximi seculi initium, artem medicam exercere, docere, atque adaugere, Londini aggressus est. Annum agens circiter vicesimum sextum, frequenti studiosorum concursui corporis humani structuram exposuit. Praelectiones ejus anatomicae, eo tempore, propria manu exaratae, in Bibliotheca Musei Britannici adhuc exstant. In iis sanguinis gyrum primus exploravit, detexit, patefecit. Rem tanti momenti etiam juvenis invenit, perfecit, edidit. Post paucos annos, exercitatio ejus, de motu cordis et sanguinis, typis excusa, publici juris facta est. Talibus argumentis hanc doctrinam stabilivit, ut nemo facile de veritate ejus dubitare potuerit. Inter eruditos et cordatos viros Riolanus, tunc in academia Parisiensi professor Regius, et Ludovici decimi tertii medicus primarius, ei fidem fere solus non habuit.

Experi-

Experimenta tamen raciocinationem cito ſuperant; atque opinionum commenta veritati tandem cedunt. Nemo igitur inventum Harveianum de ſanguinis circuitu nunc negabit. Atque, quod paucis quidem evenit, adhuc vivens novam hanc ſuam doctrinam, ab omni ingenuo et ſapienti medico ubique terrarum, lubenter receptam videbat.

Haud deerant tamen apud aequales ejus quidam vituperatores, qui hoc inventum antiquiſſimis etiam medicis tributum volebant. Quo longius autem diſtat inſignis aliqua virtus, eo minus fulgore urit, nec tamen debilius lumen ſpargit. Ubi igitur hominum invidiam atque odium mors tandem extinxerat, ingenium admirabile Harvei pulchrius multo enituit. Neque in praeſenti ſeculo quiſquam dubitare audet, quod de hoc oeconomiae animalis vitali motu ante illum, ne vel ſomniaverint medici. Inſignem igitur impetravit coronam, unde prius nulli velarunt tempora docti.

Laudare autem inventum ejus pro eo ac meretur, haud noſtrum, nec tali auxilio nunc eget.

eget. Sufficiat dicere, quod philoſophiae corporis humani fundamentum poſuit Harveus; atque fabricam ipſam exſtruendi facultatem poſteris dedit.

Summis ſic affectus honoribus, haud tamen reliquam vitam ſilentio tranſivit; ſed medicinae ſtudio indefeſſus incubuit. In medium poſtea protulit praeclaras Exercitationes de Generatione Animalium. Ibique intima fere naturae penetralia invadens, vitae fomitem incredibili acumine indagavit. Sententiam docuit, quae nunc eruditis atque ingenioſiſſimis nonnullis viris apprime arridet. Ut verbis enim ipſius utar, ‘ Vita in ſanguine conſiſtit, ut in ſacris noſtris legimus, quippe in ‘ ipſo, vita atque anima primum elucet.’ ‘ Clare enim conſtat, ſanguinem eſſe partem ‘ genitalem, fontem vitae, primum vivens et ‘ ultimum moriens; ſedemque animi primariam, in quo tanquam in fonte, calor primo ‘ et praecipue abundat vigetque, et a quo ‘ reliquae omnes totius corporis partes calore influente foventur et vitam obtinent.’

Nec

Nec magis enituit Harveus auctor magni nominis quam profeſſor celeberrimus. Londini enim munus praeceptoris gnaviter obeunti omni anni tempeſtate magna auditorum frequentia ſemper adfuit.

Feliciter praeterea apud cives artem ſalutiferam exercuit: Atque Magnae Britanniae Regibus, tum Jacobo tum Carolo, Archiater creatus eſt. Sub hoc autem tempus, tetra diſcordia civium ardorem incendens, funeſtum miſerrimumque bellum commovit. Medicus fidelis Regii Domini fortunam inſequens urbe expulſus eſt. Atque, dum inter arma commilitonibus ſalutem dabat, ferro atque igni ingenii proles periit. Quae ſummo acumine, ſummaque induſtria exploraverat, literiſque mandaverat, heu nefas! expoliata domo ejus, crepitantibus uruntur flammis.

Agris vero tandem pacatis, Londinum rediit, ibique medicorum omnium ſeculi ſui apud Anglos princeps facile habitus eſt. Collegii regalis Londinenſis decus atque gloria extitit; liberiſque ſociorum ſuffragiis ad Praeſidis officium evectus fuit. Sed,

annis

annis laboribusque labefactatus, honorifico hoc munere aetate magis integris cessit; benevolentiam tamen erga socios abunde monstravit. Collegii enim aedes locupletavit ornavitque. Caenaculum et Musеum condidit; bibliothecam propriis sumptibus instruxit; atque demum, exemplo prope inaudito, in pleno sodalium conventu, patrimonio suo se sponte exuit, ut etiam, dum ipse viveret, haereditas illa ad collegium perveniret. Non aurum, non argentum, non lapides perlucidos, non fasces, non purpuram quaesivit. Sed imprimis in votis fuit, ut animi posteritatis medicae fama gloriaque majorum accensi, ad omnem scientiae laudem, ad omnia humanitatis officia, provocarentur.

Sic vixit Harveus, atque tandem, annos natus circiter octoginta, minime quidem viridis, obiit. Tertio enim nonas Junii, anno millesimo sexcentesimo quinquagesimo septimo, vitam cum morte commutavit. Atque si aetas perfecta, vita haud minus perfecta. In nulla enim parte cessavit. Sed boni medici, boni amici, boni civis officio, ad extremum usque, functus est.

Ut

Ut vivus amorem ſodalium ſibi conciliabat, ſic mortuus ſumma cum veneratione ſemper memorandus. Adhuc enim inventis et conſiliis ovantem patriam, imo ſcientiam medicam, fovet et ornat. Neque deerit, ut ſpero, poſt mille ſecula, qui viri de re medica optime meriti res geſtas memorabit. Manet adhuc honos, nomenque, laudeſque, ſemperque manebunt.

Mihi quidem jucundum foret, et vobis fortaſſe haud moleſtum, ſi ea quae bene meruit immortalis Harveus fuſius exponere aggrederer. Non tamen ulterius pergam, ne magni viri laudes, ingenii culpa, deteram. Sufficiant igitur quae de vita, moribus, atque inventis ejus jam dicta ſunt. Non enim in animo eſt vos ſermone longo morari, vel per ambages ducere. Ab ejus tamen exemplo monita pauca colligere liceat.

Recordamini igitur, quaeſo, quotquot adeſtis, immortalis Harvei induſtriam. Vita brevis, ars longa. Volat irrevocabile tempus. Carpe igitur diem, dum ſororum fila trium patiuntur atra. Nil ſatis morituris, nil mo-

rientibus. Quotidie enim propius ab ultimo ſtamus. Extremus cito perveniet dies. Magnus ideo animus, conſcius ſibi melioris naturae, operam dabit ut honeſte ſe et induſtrie gerat. Falſa non durant, ſed diligentiae tenor permanet. Ad ingenium rite exercendum, ſcientia medica latiſſimum adhuc praebet campum. Natura munera ſua non ſimul tradit, nec omnibus patent, reducta ſunt, et in interiori ſacrario clauſa, ex quibus aliud haec aetas, aliud poſtera, accipit et depromit. Multum adhuc reſtat operis, multumque reſtabit, neque ulli nato poſt mille ſecula praecidetur occaſio aliquid adhuc adjiciendi. Noſtrum eſt igitur, dum artis medicae dignitatem tueri, dum turpitudinem et infamiam evitare volumus, animos exſuſcitare, intentiſque ingeniis ea omnia revolvere quae ad artis vim atque perfectionem quovis modo conferre videantur. Hoc ergo a vobis orare liceat, ut quales praeſtare vos inſtitueritis, tales uſque ad exitum ſervetis. Efficite igitur ut in morem Harvei laudari poſſitis, ſin minus ut agnoſci. Unumquemque oportet

in

in hoc ſtudio verſatum, ſymbolum aliquid, utcunque exiguum, in commune medicinae aerarium contribuere. Monſtrent, igitur, conamina veſtra vitalis aurae uſum non fruſtra datum eſſe, neque vos fruges ſolummodo conſumere natos.

In artis autem medicae incrementum quae via optime ducat fortaſſis quaerendum. Hic autem exemplum Harvei deviis atque errantibus tramitem monſtrat. Obſervationibus atque experimentis ſanguinis circuitum indagavit. Experimentum quidem difficile, ſed caute peractum laboris juſtum adfert praemium. Quae prius animo conjecimus, ſi vera, confirmat, ſi falſa, refellit. Hac via igitur veſtigiis Harvei inſiſtamus; hac parvi properare debemus et ampli. Et ſi qua forte fortuna utile aliquid antea latens quaerenti ſeſe obtulerit, id nominis gloriam, pereunte etiam marmore, poſteris enarrabit.

Hoc quidem paucis ſolummodo expectandum. Studendum tamen eſt non tantum ut plus ſcias, ſed ut melius. Ad ipſam igitur naturae normam recurrendum eſt, ſi ex-

exoptetis ut vel vobis honori, vel amicis utilitati, vel reipublicae emolumento, esse possitis.

Si ea quae modo diximus, si immortalis Harvei exemplum, apud auditores hodiernos, ad artem medicam per experimenta excolendam, studium atque ardorem excitabunt, summa quidem afficiar voluptate. Ne tamen inani nunc videar fungi munere, in animo est honoris palmam, utcunque exiguam, instituere, quae generoso cuique candidato ingenium atque industriam exercendi occasionem praebeat. Hac ratione imprimis reverentiam nostram adversus venerabilem Harveum, qui tam multa atque praeclara instituit, ut tum aequales tum posteros ad laudis gloriam excitaret, adhibere aliquatenus volumus. Et fortasse etiam, ingenio aliter cunctabundo portam pandat, unde summam sibi impetret honorem, summam arti salutiferae adferat utilitatem. Talis enim palma, haud pretio sed honore aestimanda, tardis stimulum, alacribus oblectamentum praebet. Atque dum inter omnes fervet opus, aliquid saltem

ſaltem expectandum quod communi utilitati inſerviat.

His igitur adductus, decrevi, dum res et aetas patiuntur, dumque ſtudioſorum conamina noſtrum foveant deſidarium, numiſma aureum, venerando Harvei nomine inſcriptum, quotannis proponere; quaeſtionem aliquam, per experimenta indagandam, publico examini ſubjicere; ingeniique mercedem, aequo jure decretam, feſto ſolenni in Harvei honorem inſtituto tradere. Inter varias autem corporis partes, quid melius primam quaeſtionem ſuppeditare poteſt, quam ipſe ſanguis? De hoc fluido, quo quidem immortalis Harveus ſummum ſibi honorem et meritus et adeptus eſt, plurima etiamnum indaganda reſtant: Inter alia, coloris rubri cauſa adhuc latet. Viri quidem ſolertes apud recentiores hac in re per experimenta non parum progreſſi ſunt; aliiſque viam quaſi patefecerunt. Multum tamen agendum reſtat; atque ſi veſtris exercitationibus experimenta jam in medium prolata, vel refelluntur vel confirmantur, labor haud

inutilis,

inutilis, haud injucundus. Si autem, favente Numine, fortunatus aliquis ex fumo lucem dare poterit, et opus et ſtudium remunerabit ſegete laeta.

Hanc igitur quaeſtionem nunc proponere liceat: Unde color ſanguinis? Atque hac indagatione nihil amplius in votis eſt, quam ut memoriae Harvei debitos perſolvamus honores, ut exemplum ejus, quo ars medica imprimis excolenda, haud paſſibus aequis ſequamur, atque denique ut experimentorum utilitas omnibus pateat.

His expoſitis, haud amplius morandi cauſa, quam ut vobis, auditores ſpectatiſſimi, gratias reddam. Non equidem volo vos inanibus lactare blanditiis; compertum autem habete, quod, ubicunque terrarum vitam poſtea agetis, Tros enim Tyriuſque mihi nullo diſcrimine habetur, vota mea vos ſemper comitabuntur.

Ut morbo detentis proſpere conſulere poſſitis, ut medici officio ex omni parte rite fungi queatis, ut per longum annorum decurſum,

quic-

quicquid felix fauſtumque eſt, abunde contingat, ut generi humano diu laeti interſitis, ut ſeri ad coelum redeatis, concedat Deus Optimus Maximus. Dixi.

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